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	e 4 moy	3. SE		4. RACE Whit		S. DATE C		6. AGE (IN YEARS (AST BIRTHDAY)  54 YRS	MONTHS DAYS	R IF UNDER 24 MRS
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ORDS, 201 W. PRESTON ST.	ow requires that the death contineate been signed by the attending physician. Then please remove corbon papers prior to burial, cremation, or removal any injury, or other troumotic event, the	ATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT	DUE TO, CONDITIONS C	ONTRIBUTING TO I	ENCE OF  DEATH BUT	NOT RED TED TO THE TERM		VEN IN PART 1	
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Table to the Committee and address

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### STATE OF MARYLAND

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0)		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME		12ª USUAL OCCUPATIO	N 12b. KIND	OF BUSINESS OR						
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Z Z			) ( Jamel	m M	PHYSICIAN [	DIRECTOR   PHYSICIA		1/8/						
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MPORTANT														
3 5 /		BURIAL, CREMATION, REMOVA	AL 23b. DATE	23r. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	STATE						
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requiretained by the hospital or attending physician.

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical pressection within 24 hours after death. Page 4 may be etained by the hospital or attending physician.  TO FUNERAL DIRECTOR After this certificate has been signed by the ottending physician and emplete the funeral director page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages.	at the Course of Maniet and Maniet Maniet and Course Course Maniet Course Course Course of Maniet Course Co
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RE, 1	入 班 7		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT			ADDRESS		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	1 60 1	(.	(ES, NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	2140761	91	Mr. Phil	ip W.	. Ward,	Cumberl	and, MD	-son
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l.	DHMH - 16 60M 7/84	24 FI	UNERAL DIRECTOR		•				250 DATE	REC'D. BY REC	SISTRAR 256 REG	ISTRAR'S SIGNA	ATURE
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(VRA 15, 4)

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STATE OF MARYLAND

CERTIFICATE OF DEATH

87-18522

A OK	EGISTRAR			CEN	I III CAIL OI	PEN 111	REG, NO	D.		
1. DECEA		IRST	MIDDLE		LAST		20 DATE OF DEATH	MONIH	DAY BYEAR	26. HOUR
	LEF		201		BRANTNER		JUL	-	1987	10:48
3. SEX	Male	4. R	of, Iw	5. DA	TE OF BIRTH	1912	6. AGE INVESTIGATION	YRS.	MONTHS DAYS	HOURS MIN
7a. BIRTH	HPLACE (STATE OR FORE	IGN 7b. (	CITIZEN OF WHAT	COUNTRY? 8 MAI	RIED NEVER	MARRIED -	9. BALTIMORE CITY O		Y OF DEATH	
	W.Va		NOH	WIDO	OWED D	NORCED [	ALLEG ANY			M
CUM	OR TOWN OF DEATH	111.		AL, NURSING HOA LY, GIVE STREET ADDRESS FART HOSP		TITUTION	126 USUAL OCCUPATION OF THE OF WORK EDRINGS OF	ON WORKING L	#E) 126. KIND O	FRUSINESSO
USUAL 13a STA	RESIDENCE (IF MURSING	PICONNIA	ER INSTITUTION, GIVE REG 13, C	IDENCE BEFORE ADMISS	13d. INSIDE	NO [	13e.STREET ADDRESS	ZIP SOL	F &	156
14. FATH	FIRST	MIDD	DIE B	rantne	15. MOTHER	S MAIDEN NAV	NE AMPL	enc	Jak 105	Л
Ióo WA	ECEASED EVER IN	U.S. ARMED IF YES, GIVE WA	P OP DATES!	10-7295	O. 17 INFORM	VIVIG	Brantne	1.	Jestern	ntra.
18	PART I. DEATH WAS	Enter only of CAUSED BY MEDIATE C	Υ:	Color (b), and (c).)	ce ponti	the ans	rest.		BETWEEN	IMATE INTERVAL ONSET AND DEATH
NOI P	ART 2 OTHER SIGNIFICATION	liote the lost	(c) NDITIONS CONTRIB	y Dis	BUT NOT RELATE		INAL DISEASE OR CONI		IVEN IN PART 1:0	
I≣L	a DATE OF OPERATIO		196. CONDITION F	OR WHICH OPERA	TION WAS PERF	OKWED	200 AUTOPSY?	IN CERT	IFYING CAUSES	
- °	TO ACCIDENT WAS UNDERLOOP CAU	SE OF DEATH	21b. TIME OF INJU HOUR A.M. M P.M.	ONTH DAY YE		NJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM IB	PART 1 OR PART 2)	
	MHILE NOT WHILE AT WORK		21e PLACE OF INJ	URY TORY, OFFICE, FARM, ETC	21f. LOCAT	ON T	CITY OR TO	WM	COUNTY	STATE
	20.1 certify that (1) (th		ottended the dece			, 19	, to		. 19	
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12	Dr. Jesus		(NI)				laza, Frost	burg,	MD 21	.532
23a. BUR (SPE	RIAL REMATION, SE	MOVAL 2	TA 12-4	n Net	E CEMETERY OR	CREMATORY	23d. LOGATION	irde	Mine	na) W)
	ERAL DIRECTOR	0.1	THE RESERVE THE PERSON NAMED IN				EIRECID. BY REGISTRAR	-		-

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uneral director, page 3 hn72 hours after deoth

#### STATE OF MARYLAND

	1 -	FOR STATE REGISTRAR		DEPART		ICATE OF	MENTAL HYG DEATH	IENE (2)	REG. N	O i	0		
Ч		USENIAME FIRST		MIDDLE	ı	AST		2a. DATE O		MONTH	DAY O YEAR	2b.4	HOUR 🥯
	(°TYPE	FRANCE:	S GE	ERALDINE	BR	ODE		13		07	29 87	1 13	330P M
1	3. SE)		4 RACE		5. DATE C			6. AGE (IN	YEARS LAST BIR	RTHDAY)	IF UNDER I Y		INDER 24 HRS
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4		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8	□ NEVER	MARRIED -	9 BALTIMO			TY OF DEATH		
7		MD	USA		WIDOWE	_	NORCED	ALLE	GANY	COUN	TY		MD.
		Y OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET	ADDRESS)	OR OTHER IN	NOITUTITE	120 USUAL	K FOR MOST	OF WORKING	LIFE) INDUST	RY	ISINESS OR
3			OTHER INSTITUTION	13c. CITY OR TOW	ADMISSION)		CITY LIMITS?	13e STREET		/ ZIP CO	DE	xtile	
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1	1.10	FIRST	lames Si	rbaugh		IS. MOTHER	FIRST	y Grace	e Lahi	man		LAST	
1		AS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECU	JRITY NO.	17 INFORM	ANT		ADDRI	ESS			
ı		no	t wat on Daits;	213-24-6	5901	Mrs.	Teresa	B. Maz	er, L	.onac	oning,	MD-	daught
1		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY:	line lar (a), (b), an	dicity	ash	42				BETW	ROXIMATE EN ONSET	INTERVAL I AND DEATH
I		IMMEDIA	TE CAUSE (o)	R AS A CONSEQUI	ENCE OF		/						
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)_	Lung RAS A COUSEOU	C	4			<u> </u>				
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	VIN AL DISEAS	SE OR CON	DITION	SIVEN IN PAR	11a·	
1	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTO	OPSY?	IN CER	YES, WERE FIN TIFYING CAU YES	SES OF D	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH D.	AY YEAR	21c HOW	NJURY OCCUR	RED (ENTERN	ATURE OF INJU	RY IN ITEM 1	8 PART I OR PART	21	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE I	FARM, ETC )	211 LOCAT STRE			CITY OR TO	)WN	COUNTY		STATE
ı		220.1 certify that (I) (this hospi		e deceosed from_			, 19	, to					(I) (we) lost
		saw the deceased alive on above, (I) (we) (did) (did no	t) view the body	ofter death.	. 01	nd that in (m)	r) (our) opinion	death occurre	ed on the d	ote and h	our and from	the couse	es stated
		226. SIGNATURE	1	•		DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STA		22c. D	ATE SIGN	VED
1		224 PHYSICIAN'S NAME (TYPE O	R PRINT)			22e. ADDRE	SS						
		DR. C. MERR					rial Ho			berl	and, M	1.21	502
		URIAL, CREMATION, REMOVAL					CREMATORY		ATION OR TOWN		COUNTY		STATE
		Burial	08-0	1–1987 Da	avis M	lemoria	1 Cemet		umber		Alle		MD
	24 FU	NERAL DIRECTOR	11. 0	ADDRESS			25a DAT	E REC'D BY	REGISTRAR	256 REG	STRAR'S SIGN	HATHBE.	100
Į		James F. Scarp	elli, C	umberlanc	, MD	21502		OOK	NI U			•	1

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician addeemplete should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician. IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at ather traumatic event, the medical ex

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TO HOSPITAL OR ATTENDING PHYSICIAN. The retained by the hospital or attending physician TO FUNERAL DIRECTOR, After this certificate has include be detached for use on the businest ranks in

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	1-	FOR DECATOR	R STREET	DEPART	MENT OF H	E OF MARYLAND Ite EALTH AND MENTAL HY ICATE OF DEATH	GIENE Q 7	1 8	, SJD	2 4
66	J	FIRST	7,1021702	MIDDLE		AST	20 DATE OF DEATH		YEAR	2b HOUR
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1	1. SEX		4 RACE		5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTI	HDAY) IF U	NDER I YEAR	IF UNDER 24
Q	Fe	male	Whit	е	Sep		83	YRS.	THS DAYS	HOURS
51		ETHPLACE (STATE OR FOREIGN	76 CITIZEN O	F WHAT COUNTRY	2 8	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF	DEATH	
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3/-	10 CF	TY OR TOWN OF DEATH		F HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPATIO		12b. KIND (	OF BUSINES
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O-Go		(AS DECEASED EVER IN U.S.	ARMED FORCES			17 INFORMANT	ADDRES			
15		No		214-05-	-7154	Douglas T.	Brown Hyn	dman,	Pa.	1554
or othe		cause 101, stating the underlying cause lost.  PART 2 OTHER SIGNIFICAL	(c)	OR AS A CONSEOU		NOT DELATED TO THE TER	MAINAI DISEASE OF CONT	NTION GIVEN	INI DART 1	
Anha	NO	PART 2 OTHER SIGNIFICAL	NI CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONL	IIION GIVEN	INPART	i d
19	CERTIFICATION	190 DATE OF OPERATION	196 CON	IDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [	IG CAUSES	NGS USED S OF DEATH NO
19	2.5	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	F DEATH HOUR	OF INJURY A.M. MONTH ( P.M.	DAY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
restory	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	LATHOME	CE OF INJURY STREET FACTORY, OFFICE	FARM ETC )	21f LOCATION STREET	CITY OR FOV	VN	COUNTY	STA
P H		220.1 certify that (1) (this h		the deceased from		. 19	, to	, 19_		that (I) (we
5		saw the deceased alive	ananthe boo	dy after death.	, a	nd that in (my) (aur) apiniai	n death accurred on the da	te and hour ar	nd fram the	couses stat
47. Il Neo		27% SIGNATURE	Vago	nes m	2		MEDICAL STAF	F IAN 🗌		SIGNED
JRTAN		226 PHYSICIAN'S NAME	THE CAPPING			22e ADDRESS				
WPORT		GARY WAGONER					DRIVE, CUMBER	RLAND, M	2150	12
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P. P	3 SEX	FW		-1919 6 AGE (IN YEAR LAST BIRTHDAY	IF UN	NDER 1 YR. IF UNDER	MIN. PRONOUNCE DEAD		2 198	
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ZELAY IS TOTHE PAGE OF FREE	(	ITY OR TOWN OF DEATH  LUMBER LAND  ALRESIDENCE (IF IN MURSING HOM	(IF NOT IN SUCH FACE Saci	PITAL, NURSING HOME, LILITY, GIVE STREET ADDRESS) CED HEART HO	spit	al	FOR MOST OF WORKI	ATION (TYPE OF WOR	OR INDU	
ATIMORE, MD. 21201  S. SATER DEATH. IF ANY C. S. GIVE PAGES 1, 2, AND 3 TO WITH FORM RM.3. RETAIL PAGES 1 AND 28HOULD F. DIVISION OF WITH FECORE.	13a. S	TATE MD 136 AT	legany	13c. CITY OR TOWN Cresaptow		YES MO 🗆	130. STREET ADDRES	s akwood A	venue/2	1502
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ALTIMORE, MD. 21201 S AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND.: THE FORM GR. 3. RETA PAGES 1 AND 25 SHOULINGTON OF WITH RECO		no	IVE WAR OR DATES)	219-03-803			E. Brown,	ADDRESS Fayettvi	lle, NC	-son
W. PESTON W. PESTON ENCIL INTER MINER TRANSIT PERA INTAL HYGIEN OR REMOVAL.	N	18. CAUSE OF DEATH (Enter PART I DEATH WAS CAUS IMMED  Conditions, if ony, whi gove rise to immedia couse (a) stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITION	SED BY:  IATE CAUSE (o)  Ch the Ch DUE TO, OR  (b) DUE TO, OR  (c)	A 5 . ( as a consequence o	F	E OR CONDITION GIVEN IN PAI	RT 1 (g)		BETWEEN	NSET AND DEATH
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07/84 BP	(:	urial, cremation, removal Burial	07-05-1987	7 Davis M		ial Cemete			ounty 11eaany	STATE MD
25M DHMH - 17 (VR A15 ME (5))	24. F	UNERAL DIRECTOR  James F. Scar	pelli, Cumb	perland, MD	2150	1 1111	7 PB7	Julia De	SIGNATURE	inelli

My March March March The first terms of the second

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nay be page 3	,,,,,,,,,	L	ORETT	A MA	RIE		INON .			ULY 16	,	5:55P M
ge 4 maj ector po ector po	3. SE)	emale		Whit	е	S DATE O		7	YEARS LAST BIRTH	YRS	NIHS DAYS	IF UNDER 24 HRS HOURS MIN.
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ort, BALTIMORE, a trificate be execut applysicion and compapers. Pages 1 emoval.	16a V	VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	2780900		Raymond J. (	annon	Cum	berland		Husband ATE INTERVAL USET AND DEATH
15, 201 W. PRESTON ST., BALTIMORE, MARYLAND  with that the death certificate be executed within 24  infant by the attending physician and completely filler  in please remove carbon papers. Pages 1 and 2 should  be bringly, cremation, ar removal.  May an other traumatic event, the medical examiner must	z	Conditions, if ony, gove rise to imm couse (a), statin underlying couse  PART 2 OTHER SIGN	nediate g the last.	DUE TO, O	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TER	······	SE OR COND	CHIPZ DITION GIVEN		
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O HOSPITAL TO FUNERAL should be det with the Store		DR. RA		);	F. SCAC	W>-	925 BISHOP			CUMBER	RLAND,	MD 21502
BP		Burial, Cremation, IS <b>BUTIAL</b>	REMOVAL	7-18			emetery or crematory ary Cemetery	Ci	mberla	and All	Legany	Maryland
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FOR STATE BEGISTRAR

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	E
CERTIFICATE OF DEATH	
	_

REG. NO

-		CEASED NAME FIRST	MIDDLE	O LA	.51	20 DATE OF DEA	HINOM HTA	DAY YEAR	26 HOUR, ALL
	(TYPE	ORPRINT) Ruth	Edna	Cau	sey	162 X	07 2	4 87	245 PM
	3. SEX	4	RACE	5. DATE O	FBIRTH	6. AGE (IN YEARS)	AST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
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2	19	QUINTRY)	11 < p		NEVER MARRIED	1 0.	-11.1.	,	
	V	· VA.	V. 2. /T.	WIDOWE		1 /1LL	6HNY		MD.
7	10 CII	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURS		ROTHER INSTITUTION	12a. USUAL OCC	UPATION MOST OF WORKING LIF		F BUSINESS OR
1	1	ROSTBURG	FROSIBURG 1	VURSI.	NG HOME	- HOUS	EWIFE	OWN	Home
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7	17/	REYLAND ALLE	CANY TROSTO		YES NO 🗆	64145	PINALL	215	32
p	14. FA	THER'S NAME	IDDLE LAST		15. MOTHER'S MAIDEN		DDIE 7	LAST	
1		BENJAMIN	CUBBAGE	E .	SUSA	N .	40	STER	
		AS DECEASED EVER IN U.S. ARMI	WAR OR DATES)	URITY NO.	17. INFORMANT		ADDRESS		
	- (1	No ITES. GIVE	214-14	-7541A	ESTHER	SKIDMO	RE, FR	OSTBU.	RC, MB.
		18 CAUSE OF DEATH (Enter only	ane cause per lige for 101, (b), a	por icui		a.		APPROXI	MATE INTERVAL
		PART I. DEATH WAS CAUSED IMMEDIATE	1 11/1/11	MAC	1/221	27			
			DUE TO, OR AS A CONSEON	UENCE OF	. 4	7 41 5	1/		
		Conditions, if any, which	( 1b) 1. Kg	1011	VE 118	004 /10	UEUN		
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEON	IENCE OF	21 t	1.5	11 5		
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		PARY 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT I	NOT RELATED TO THE TE	ERMINAL DISEASE OR	CONDITION GIV	EN IN PART 110	
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1	8	190 DATE OF OPERATION	196. CONDITION FOR WHIC	HOPERATION	WAS PERFORMED	20a AUTOPSY		, WERE FINDIN	
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organ ,	Ü	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCC	URRED (ENTER NATURE	OF INJURY IN ITEM 18 P	ART I OR PART 2)	
9		OR CONTRIBUTING CAUSE OF DEATH							
	Ď.	(IF EITHER_NOTIFY MEDICAL EXAMINER)	P.M.	19					
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	. FARM. ETC 1	21f LOCATION STREET	CH	YORTOWN	COUNTY	STATE
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		sow the deseased glive on obove, (1) (we) (did) (did not)	Tuly 124 19	/	d that in (my) (aur) apini	on death occurred on	The dote and hav		
		226. SIGNATURE		11 0	DEGREE			22c. DATE	SIGNED
		1 Manesol	elian Ak	1 1	MATTENDING	MEDICAL DIRECTOR P	STAFF	Who	12787
-		224 PHYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDRESS	DO DIRECTOR DE	HISICIAN	177	57.0
		Chang-Hyun Ol	h,M.D.		48 Tarn T	errace,	Frostbi	ıra.Md	21532
		URIAN, CREMATION, REMOVAL		NAME OF CE		23d. LOCATIO	N	4	AI
	(:	BURIAL	JULY 271987	EROST	BURGHEN.	PAON FRO	STRUKE	HLLF CA	WY 110-
	24 FU	INERAL DIRECTOR	1		25a. [	DATE REC'D. BY REGIS		RAR'S SIGNAT	URE
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Variation See

## STATE OF MARYLAND

061	480 Jul 3	กใช	FOR STATE REGISTRAR Geory	re lin	church	DEPA		EALTH AND MENTAL HYG	REG. NO.	2 5 2 8
		I. DEC	EASED NAME	IRST		AIDDLE		AST	26 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	moy be poge 3 ter death	(TYPE	Dor	othy	Во	owman	Clayt	on	July 27	, 1987 0932 A
	moy pog fer de	3. SEX		4	RACE		5. DATE (		6 AGE LIN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	Page 4 director havrs aft	Fe	emale		White		Mar	ch 29, 1914	73 YRS.	
	Po Paris	70. BII	RTHPLACE (STATE OR FORE	EIGN 71		WHAT COUNT	MARRIE	D KNEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
	Jun 72 Jun 72 Octobrol	Pe	ennsylvania		U.S.A.		WIDOWI	D DIVORCED	Allegany	MD.
	1 1140	10 CI	TY OR TOWN OF DEATH	1	(IF NOT IN SUC	H FACILITY, GIVE ST	REET ADDRESS)	OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OR INDUSTRY
201	11/00	Cı	umberland		Sacre	ed Hear	t Hospi	tal	Twisting Dept	Celanese Corp
021	11/3/	13a S	L RESIDENCE (IF NURSING	b COUNT	THER INSTITUTION	13c. CITY OR TO	OWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD	
AN			aryland /	Alleg	any	Cresa	otown	YESX NO	13713 Brant Ave	. / 21502
ARY	1 1901/0	I4 FA	FIRST		IDDLE	LAST		FIRST	WIDDLE	LAST
, W	7	160 14	Millard  /AS DECEASED EVER IN		F.	Bowma 166_SOCIAL SI		Mae 17 INFORMANT	ADDRESS	Holler
ORE	[ ] [ ] [ ] [ ]		ES, NO OR UNKNOWN) (		WAR OR DATES)		72213			No. #12
NE N	是 學 多	-	No L					Geraid W. Ci	ayton - Address	APPROXIMATE INTERVAL
BA.	phy phy mave mavent		18 CAUSE OF DEATH   PART I. DEATH WAS	CAUSED	BY	ine for Jol, (b)		Musi CANA	in inter	PRETWEEN ONSET AND DEATH
TS Z	rbo rre		IN	MEDIATE	CAUSE (a)		-	0		
1010	death ottend ove co ition, o		Conditions, if any, w	shich	DUE TO, O	R AS A CONSE	QUENCE OF	V		
E E	a man		gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF							
` ₹	that the day the ease reads and create records and create records and controlled the controlled		underlying cause last							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ned ned our role		PART 2 OTHER SIGNIF	ICANTCO	ONDITIONS CO	ntributing	TO DEAPH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION GI	IVEN IN PART 1:0
RDS	r tak	CERTIFICATION			_	MN	we	N. 2165	, 614 h	1.7.
ECO.	ow r	CAT	196 DATE OF OPERATIO	N	196 COND	TION FOR WH	ICH OPERATIO	N WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
AL R	The land of the la	RTIF				-1		10		ES NO
5	Z Z O D T X	_	216. ACCIDENT WAS UNDER OR CONTRIBUTING CAL		HOUR A.	f Injury M. Month	DAY YEAR	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
ō		MEDICAL	(IF EITHER NOTIFY MEDICAL	EXAMINER)	P.		19	211 LOCATION		
SIO	this the bunder and M.	MED	21d. INJURY OCCURRED		21e PLACE (AT HOME, ST	OF INJURY REET FACTORY, OFF	ICE FARM ETC )	STREET	CITY OR JOWN	COUNTY
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	tal o OR: Heo		220 I certify that (I) (the saw the deceased		offended th	e deceased fro	/ . ~ 1	nd that in (my) (aur) apinion	death accurred on the date and ha	. 19 <u>(a)</u> that (b) (we) last
	hospi hospi iRECT ihed fo lept of		abave, (1) (we) (did 22b. SIGNATURE	(did not)	view the body	after death.	Ų	DEGREE		22c DATE SIGNED/
	0 2 0 30 =			/	1 11.			ATTENDING	DIRECTOR PHYSICIAN	7/27/87
	HOSPITAL ned by the FUNERAL und be detended in the State ORTANT:		224 PHYSICIAN'S NAM	E (TYPE OR	PRINT)			22e ADDRESS	] DIRECTOR [] PHYSICIAN []	
			р п		MD			007 Soton Dr	ive-Cumberland,	MD 21502
	0 8 0 8 8 8	23a. F	BURIAL, CREMATION, RE	oina,	M.D.	17	3c NAME OF	CEMETERY OR CREMATORY	23d LOCATION	LID STORE
	BP	1.0	SPECIFY) urial		7-30-			emorial Park	Cumberland-Al	legany-Maryland
				orgo					TEMECID. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE
	DHMH - 16 60M 7/84 (VRA 15, 4)	2	UNERAL DIRECTOR GENAME	Stree	t-Cumbe	rland,	Maryla	nd 21502   1111	0 1 1987	,

#### STATE OF MARYLAND

301 JUL 2	2,8	7FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYO CICATE OF DEATH	GIENE REG. N	0. 1. 9	3	•
m m = /		CEASED NAME FIRST OR PRINT)		WIOOFE	4.	AST	20. DATE OF DEATH	MONTH DATE	PEAR	26 HOUR
director, page 3 hours after death		BERT	THA	MAY	CLO	PPER		7/14	87	12 PM
of ter p	3. SE		4 RACE	/	5. DATE		6. AGE (IN YEARS LAST BIR	THOAY) IF UNIT		HOURS MIN.
ours o	7. 0	FEMALE RTHPLACE (STATE OR FOREIGN	WHIT	WHAT COUNTRY?		BER 12 1963	83	YRS.		
15	L	PENNA.	USA		WIDOW		9 BALTIMORE CITY O		EAIH	MD.
120	FR	OSTBURG	FROSTBU	CH FACILITY, GIVE STREET JRG VILLAC	GE NUF	OR OTHER INSTITUTION SING HOME	120 USUAL OCCUPATI TYPE OF WORK FOR MOST OF HOUSEWIFE		b. KIND OF IDUSTRY	BUSINESS OR
Sec. Sec.	13a. S MA	AL RESIDENCE (IF NURSING HOME) TATE  RYLAND ALL  THER'S NAME	DR OTHER INSTITUTION JINTY FGANY	13c. CITY OR TOW	/N	13d. INSIDE CITY LIMITS? YES NO	RFD 8 CHRIS		21	1503
10		WILLIAM	MIODLE	FOREMÂN		'S'ARAH	WIOOFE	YOUNK		
The medico		VAS DECEASED EVER IN U.S. A (ES. NO OR UNKNOWN) (IF YES, C)	RMED FORCES?	220-40-		BETTIE HIGHTO	CUMBER WER_rfd8_CH	ss LAND MAR RISTIF	YLAND	)
r permit. Then please remove corbon ene prior to buriol, cremation, a reconstruction, and only injury, or other traumatice.	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	eren	ON SEQUENCE OF SECUENCE OF SEC	ENCE OF A	HEAST  NOTRELATED TO THE TEN  NOTE OF TH	The Cer	cesso	RE FINDING	GS USED OF DEATH? NO [7]
Mental Hygie	1 -	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A	OF INJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI		RPART 2)	
orked or !!	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY	AVA LITE !	711. LOCATION STREET	CITY OR TO	WN C	OUNIY	STATE
Dept. of Hep Hem 21 is m		276.1 certify that (I) (this hospital and the deceased after above, (I) (we) (did) (did a 276 M35) ATURE	· Willet	14 101		nd that in (my) (our) apinion DEGREE		2	/	
RTANT: 1		22d PHYSICIAN'S NAME WAS	t. 0	DH 1	20 0	22e ADDRESS ARN	MEDICAL STAI DIRECTOR PHYSIC	FIROSTIS	1-19 URG.	40%
shoul With 1		URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY MEMORIAL PARI	23d LOCATION CITY OR TOWN	cou	NTY	STATE
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60M 7/B4 5, 4)		ILCOX-MERRITT	FUNERAL	HOME CUMF	BERLAN	D MARYLAND	2 0 1987	ZOB. KEGISTRARS	Shirt Lan	Mortans

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ALTIMOR	the executed within 24 pours offer death. Page 4 may be
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	18.
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SION OF	PHYSICIAN ending phy
DIVI	TENDING tol or affe
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	TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the deeth reformed by the hospital or attending physician.

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11.11	1,-	FOR STATE REGISTRAR	DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENE 87 -	185	30
	TYPE	EASED NAME BLAR	the P	CLO	WER	20. DATE OF DEATH	MONTH DO	81 8:00 M
3	SEX	7	White	5. DATE OF	DAY_ YEAR	6. AGE   IN YEARS LAST BIRT	MONTHS	DAYS HOURS MIN.
7	a. BIF	Pemale THPLACE (STATE OR FOREIGN	7b. CHIZEN OF WHAT COUNTRY	? 8.	18 94	9 BALTIMORE CITY OR	COUNTY OF DEA	ATH
5	C	V. Va.	USA	WIDOWED	□ NEVER MARRIED □	Allega	ny	MD.
0	Cui	y or town of death  mberland	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Cumberland N	ursing		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Ret Employ	WORKING LIFE) INDI	kind of Business or USTRY  y Store
30	13a. S	MD A11	other institution, give residence before the control of the contro	land	3d. INSIDE CITY LIMITS?	13e STREET ADDRESS 506 Wood	lawn Te	rr. 21502
CA CO				orough	Bettie	MIDDLE		rker
medical			(E MAR OR DATES)		Helene C.	Fisher Cu	mberlan	APPROXIMATE INTERVAL
alory, or one	NO	Canditions, if any, which gove rise to immediate cause (a), staffing the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIUTING TO		IOT RELATED TO THE TER/	winal disease or cond	ITION GIVEN IN P	PART Iro
àu 2	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	200 AUTOPSY?		FINDINGS USED CAUSES OF DEATH? NO
in the second se		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIH	DAY YEAR	2)c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR F	PART 2)
morked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	, FARM, ETC )	211 LOCATION STREET	0111-04-104	yn cox	UMPN STATE
21 is		saw the deceased alive or abave, (I) (we) (did) (did no	ital) attended the deceased from  19 11 view the body ofter death.	-		death occurred on the da		
		226. SIGNATURE	feller	/ 0	ATTENDING PHYSICIAN	MEDICAL STAF		1 187
IMPORTANT: I		22d. PHYSICIAN'S NAME	FAZMOS		220 ADDRESS	felless	1. Cu	iberland
2		URIAL, CREMATION, REMOVAL	-		METERY OR CREMATORY  Mound Cem	CITY OR TOWN	COUNT	TY STATE
- 1/B2		Burial  NERAL DIRECTOR  LEHT FUNE	ADDRESS	berla	25a. D.A		756. REGISTRAR'S	

Combatiand Curboriand luraing Nome 10th Employee 10th Core nD milegamy Cumberland IX 506 woodlawn Feir. 21502 John W. Goldsborough Bettie 215-20-5765 Helene C. Figher Comberland, to furtal f bul 1,1987 Indian found cem. Rommey hampehire K. Va.

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X Z	71	JUL	30	81	1 -		CH STREET			ICATE OF DEAT		REG. NO	1 8	5 3	2
						EASED NAME FIRST		MIDDLE	l	AST	20	DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
	4	age 3 deoth			LITTE	MAYM	IE DE	MARIUS	(	CONN		JU	JLY 24,	1987	12:06문
	ĺ	OE O		- }	3 SEX		4. RACE		5. DATE C		6	AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
	*	ge 4 ector		-	-	Female	White		Fe	b. 24 198	64	83	YRS.	NIHS DAYS	HOURS MIN.
	D	neral di g 72 hou	8	5		THPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRI	ED 📙	BALTIMORE CITY O		F DEATH	MD.
		W.	Sept.	1	)0 CI	Y OR TOWN OF DEATH Cumberland	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET	IG HOME (	OR OTHER INSTITUTE		USUAL OCCUPATH		INDUSTRY	F BUSINESS OR
ND 2120		24 hapra	À	5	13a. S	L RESIDENCE (IF NURSING HOM	e or other institution ounty lineral	GIVE RESIDENCE BEFORE	ont	13d INSIDE CITY LIA	MITS?	STREET ADDRESS /	ZIP CODE St Pie	1	1. 12000
YLA		shin 2 sho	00	0		THER'S NAME				15. MOTHER'S MAIL					
MAR	7	o wind	P	4	1	Sylvester	WIDDLE	Dawso	20	FIRST Any		MIDDLE		Hock	nard
wi		con	10	1	16a W	AS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECU		17 INFORMANT	118.	ADDRE	SS		
BALTIMOR		n ond	med	1	{Y	is, no or unknown) (IF YES	GIVE WAR OR DATES)	2346432	51	Mrs Pai	tricia	Wilson We	estern	port Mo	i.
BALT		ysicio opers	ival.			18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one couse per	line for 1970 (b), on-	dicil	1	$\cap$	7		BETWEEN	MATE INTERVAL DISET AND DEATH
ST.,	-	certificate ng physic	ever				DIATE CAUSE (0)	Va	nak	iagul	Line	cerca (	1000	Jelm	aller
PRESTON ST	-	ottendin	no tic				DUE TO, O	R AS A COMS	NCE OF	00	$\cap$	0	7 -	3	
REST	-	offe nove	ation			Conditions, if ony, which gave rise to immediate				1 1	علاقا	ough	Dras	The Y	
		of the	, crem other			cause (a), stating the underlying cause last	DUE TO. O	R AS A CONSEQUE	NCE OF						
201 W		res th raed t	y, or o			PART 2 OTHER SIGNIFICAN	NT CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO TH	HE TERMINA	AL DISEASE OR CON	DITION GIVE	V IN PART 1:0	)
RDS		Ther	ulu in		N O										
DIVISION OF VITAL RECORDS,	-	an. has been	ene prio	1	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?		WERE FINDIN	
VITA		ysicio	Hyg.	1	CER	21g. ACCIDENT WAS UNDERLYING	110110 4	FINJURY M. MONTH DA	AY YEAR	21c HOW INJURY	OCCURRED	ENTER NATURE OF INJUS	TY IN ITEM 18 PAR	T I ORPART 2)	
9		ICIA 9 ph entifi ial-tr	ntal em	1	CAL	OR CONTRIBUTING CAUSE OF	DEATH	M. MONTH D	19						
ON O	3	ndin his c	d Me	/	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	404 F7C)	211. LOCATION		CITY OR TO	WN	COUNTY	STATE
VIS	(	affer t	han		2	AT WORK NOT WHILE AT WORK	TAT TOME SI	CELL LACTORY, OFFICE, F	1			-10		-	
۵	Ġ	or or	e olt			220.1 certify that (I) (this he			12-1	. 19	85	?. to 1 1 -	J. C. 19	8	that (It (we) last
		Spiral SCTOR d far	of H			sow the deceased alive	d not hew the book	after death.	X_(U. 0	nd that in (my) (our)	opinion dea	oth occurred on the do	te and hour o	and from the	couses stated
4		e hos DIRE	ltem			27% SIGNATURE	220 6	9 //		DEGREE				TIL PATE	SIGNED
		그 두 그 등	ote C			60	100in	24	V	ATTEN PHYSI		MEDICAL STAF		11-0	4258
	å	d by	TAN	/		224 PHYSICIAN'S NAME IT	HE ON HAPPY!	7.		22e ADDRESS					1
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01	90	nn	Ď <sup>≦</sup>		23a B	URIAL, CREMATION, REMOV	VAL 731 DATE	- 1		EMETERY OR CREM	ATORY	23d LOCATION		COUNTY	STATE
4/4	11	8P77	_			Burial / \	7/27/8	1	Philo	08		Western			
11	D	HMH - 16 6	50M 7/8	34	24 FU	NERAL DIRECTOR	W Jours	DAMA	1	ı		EC'D. BY REGISTRAR	736 REGISTR.	AR S SIGNAT	ÜRE
		/VPA 15			Bo	al Warnick Fu	neral Son	thought on the	(A) 2000 YO (	and Ma	JUL	29 1027	Chilea D.	condian. I	andallo

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	1 87	REGISTRAR				CERTIF	ICATE OF DEA	IH	REG. N	0.1 8	3	5 3	
	I. DEG	EASED NAME	EIRST	1	MIDDLE	L	AST		20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR 11:20	
1	TYPE	OR PRINT)	OLIVI	ER	LEE	C	OOK		July 19,	1987		11:20 A,	
ľ	3. SEX			4 RACE		5. DATE C			6 AGE (IN YEARS LAST BIR		FUNDER TYEAR	IF UNDER 24 MRS	
		male		whi	.te	MONTH	51-31-192	6	61	YRS.	DNIHS	HOURS MIN.	
1		RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8.	D NEVER MARK	DIED [	9 BALTIMORE CITY C		OF DEATH		
1		W	V	US	ŘΑ	WIDOWE		CED 🗍	Allegan	У		MI	
4		TY OR TOWN OF DE	ATH		HOSPITAL, NURSING		OR OTHER INSTITUT	ION	120 USUAL OCCUPAT			OF BUSINESS OF	
	Cu	mberland			orial Hos		Medical	Cntr	ret. lieu			y Police	
	USUA 13a S	L RESIDENCE HE NUR	136 COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY L	IAAITS2	124 STREET ADDRESS	/ 7IP CODE			
	134 0	MD	All	egany	Cumber		YES X NO	MII 3 ?	P.O. BOX	182/2	1502		
7	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MA	IDEN NAA	-		LAS		
		FIRST	Charl	es K. C			EIRST		Maggie Str	awderm	an	51	
1		AS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDR	SS			
1	( )	ES. NO OR UNKNOWN)	WW.	EWAR OR DATES)  235-30-0381 Mrs. Reva F. DuVall						ûmber1	and, M	D - wife	
Ì		18. CAUSE OF DEA	TH (Enter on	ly ane couse pe	Par will some	nes. 1	1		0			MATE INTERVAL ONSET AND DEATH	
		PART I. DEATH V		D BY: TE CAUSE (o)	Maria Maria	гиын	nuu Hi	nes	V				
1			MINEDIA	DUE TO,	10 4	11	2010	~ 0	1 10				
1		Canditions, if ony	v. which	( (b)	WW/WWW	114	(170-	C ///	mules 1				
ì		gave rise to im	mediate	)									
-		underlying cous	0	DUE TO, O	r as a conseque	NCE OF							
-1		PART 2 OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CON	DITION GIVE	N IN PART 1	0	
-1	Z			_									
5	ATI	19a DATE OF OPERA	ATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED					20a AUTOPSY? 20b. IF YES, WERE FINDINGS USE				
4	CERTIFICATION								YES TO NOT	IN CERTIFY YES	ING CAUSES	NO []	
Η	SER	21a. ACCIDENT WAS UN	NDERLYING	216. TIME O			21c. HOW INJURY	Y OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT I OR PART 2)		
П		OR CONTRIBUTING		NIB	M. MONTH DA	Y YEAR							
-1	MEDICAL	(IF EITHER NOTHY MED		P. PLACE		19	211 LOCATION		(2.00 A) (3.00 A)	UCV -	0.2896.N	_	
-1	AE.	WHILE NOT W	MILE ORK	(AT HOME, STE	REET, FACTORY, OFFICE, FA	RMITE	STREET	- 4	1	ALCON .	COUNTY	STATE	
-1		220. I certify that (I		tall/arand/d-th	a de Parad Mari	dut	/3	01	Mul	4,	81	that (I) (we) los	
1		sow the leceo: above, ((we))		41 44 4	19 0.1	0	nd that in (my) (our	) opinian d	leath occurred an the d	ate and hour		, , ,	
- 1		obove, (7(we))	(did) (did na	t) Jew the body	ofter death.		DEGREE				221 ATE	AIGNED _	
1		(Ma)	(10 AZA	MAUG	a Ju Jan	une	. Q ATTEN	NDING A	MEDICAL STA	FF.	1-7-	1087	
7		22d PHYSICIAN SIN	AME ITYPE C	R PRINT)		7/7	22e. ADDRESS	SICIAN	DIRECTOR   PHYSIC		10	0	
1		Dr.Willi		•			Tre. ADDRESS	47 V	irginia Av	e.,			
4									erland MD	21502			
		URIAL, CREMATION					EMETERY OR CREA		23d LOCATION CITY OR TOWN	0	COUNTY	STATE	
ļ	04 5:-	Buria	ат	U/-2	1-1987 M	bor Cemet	Oldtown Allegany MD DATE REC'D. BY REGISTRAR'S SIGNATURE						
	Z4 FU	NERAL DIRECTOR			ADDRESS			JUL	^ F	1	- 4		
1		James F.	Scarp	<u>elli, C</u>	umberland	. MD	21502	JOL	2 3 1987	Granica W	cerdon.	(andres	

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IMPORTANT: If Item 21 is marked ar Item 18 stars any

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FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 87 - 18534

1		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	01 0	-	17
ni	Di	FASAL NAME FIRST	MIDDLE	i	AST	M. DATE OF DEATH	MONTH OD	AY YEAR	8:30
1		Helen	Marie		btree		987	4 5	AM
I	3. SEX		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	110/11)	ONTHS DAYS	HOURS MIN.
1		Female	White	July		58	YRS.		
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	D MEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
1		Penna	U.S.A.	WIDOWE	D DIVORCED	Allega			MD.
1	11	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI		OR OTHER INSTITUTION	12a. USUAL OCCUPATI			F BUSINESS OR
1	(	Cumberland	509 Eichner	Ave.		Sales		Dept.	Store
100	USUA 13a. S	TATE 13b CO			13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e street address 509 Eichn	er Ave	2.	1502
T	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		IAS	
1		Charles	William Tatel	eba	Anna	Mae		Slif	
1		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 16b. SOCIAL S	ECURITY NO.	17 INFORMANT	500 Fi	chner	Λτζο	
	(11	No	196-22	-8194	Paul M. Crabt		land.	Md.	
I		18. CAUSE OF DEATH (Enter	BETWEEN	MATE INTERVAL ONSET AND DEATH					
1		PART I. DEATH WAS CAUS	in	riduit					
ı	- 1		DUE TO, OR AS A CONSE	QUENCE OF		,			
1	- 1	Canditians, if any, which	( (b) )	elosto	the Call	ing			
ı		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF		,			
ı		underlying cause last.	(10)						- 12
ı	7	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	a i
4	CERTIFICATION					TesTODGW3	Tan IF VEC	MEDS EINIDIN	100.000
1	ICA	19a. DATE OF OPERATION	196. CONDITION FOR WH	IICH OPERATIO	IN WAS PERFORMED	20a. AUTOPSY?		WERE FINDINGS USED ING CAUSES OF DEATH?	
q	RT		ET AN THE OF BUILDIN		Total Control of Control	YES NOT			но 🗆
H		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	- 1	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PA	RT 1 OR PART 2)	
1	CA	(IF EITHER, NOTIFY MEDICAL EXAMINE	ER) P.M.	19		<u> </u>			
1	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	WN	COUNTY	STATE
1		AT WORK					111		
1			spital) attended the deceased fro		, 17		1		that (I) (we) lost
1			not) view the bady after death.		nd that in (my) (our) opinian	death occurred an the d	ate and haur	_	
1		22b. SIGNATURE		9	DEGREE ATTENDING	MEDICAL STA	e E	22c. DATE	
╛		Cyproce	74-	pr.	PHYSICIAN	DIRECTOR   PHYSIC		-///	4/67
1		224 PHYSICIAN'S NAME (TYPE			22e ADDRESS				
4		DR. ANTHO	NY J. BOLLINO			K STREET CUI	4BERLA	ND MD.	
	23a. B	URIAL, CREMATION, REMOVA	AL 23b. DATE 1007		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
-		Burial	JULY 1887	Rest La	wn Memorial G			egany	Md.
ı		INERAL DIRECTOR	AODE (S	4. Deçat	TIT St. 250 DAT	E REC'D. BY REGISTRAR	256. REGISTR	COLDER -	URE
1	S	ilcox-Merritt	Funeral Ser. Cu	mberlar	nd, Md. Jul	L 17 1987	Julia D	M	

DHMH-16 60M 1 73 (VRA 15(4))

Craig Rotruck 85 S Main St Keyser, WV 26726

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

ROTRUCK FUNERAL HOME

- STATE

24 FUNERAL DIRECTOR

16 60M 7/84

(DRA 15, 4)

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YEARD WINDELLY I.

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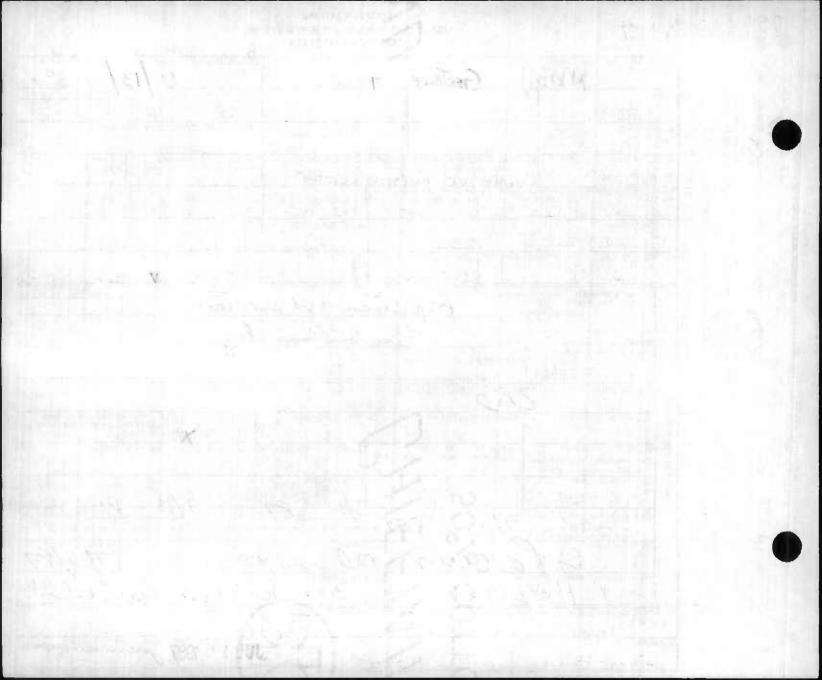
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2 14	FOR 17	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE	
	REGISTRAR		CERTIFICATE OF DEATH	8 / REG. NO. 8	5 3 6
	CEASED NAME FIRST MAL	el GERTRUD	e Gordon	28. DATE OF DEATH MONTH	3/81 315
3. SE	x	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
2 - 1 -	FEMALE	WHITE	FEBRUARY 2 1894	93 <sub>YRS.</sub>	V OF DEATH
	RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	USA	MARRIED   NEVER MARRIED		TOFDEATH
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	IZE. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LE	12b. KIND OF BUSINES
CU	MBERLAND	Cumber and N	ursing Center	HOUSEWIFE.	FE) INDUSTRY
130.	AL RESIDENCE (IF NURSING HOME C STATE 13b. COU	INTY 13c. CITY OR TO		13e. STREET ADDRESS	21571
	ARYLAND ALL	EGANY CUMBERLA	YES NO 15. MOTHER'S MAIDEN N	1707 HADDON AVE.	01300
/	DAVID	O NEAL	FIRST	WIDDLE	LAST
16a '	WAS DECEASED EVER IN U.S. A		CURITY NO. 17 INFORMANT	JANE ADDRESS	PERDEW
		212-38-5		N 707 HADDON AKE	CLIMBERLAND
/		inly one cause per line for (a), (b),		N 707 HADION AVE.	APPROXIMATE INTER
	PART I. DEATH WAS CAUS	ED BY:	viritala prien	whites.	SETTIETH CHIST AND
ž l	IMMEDIA	TE CAUSE (o)	WENDE OF a BOD	0	
	Conditions, if any, which	DUE TO, OR AS A CONSEQ	Bluddellan V	elly.	
	gave rise to immediate cause (a), stofing the	DUE TO, OR AS A CONSEO	LIENCE OF	0	
	underlying cause last.	(c)	DENCE OF		
NO NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART 11a
		CAD.		Les	C WERE SINISHESS VICE
EG C	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEAT
	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	121c HOW INJURY OCCU	RRED (ENTER NATURE O INJURY IN ITEM 18	PART L OR PART 21
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	TEMENTONE & POOR PORTE	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 21f. LOCATION		
111		(AT HOME, STREET, FACTORY, OFFICE	STREET	CITY OR TOWN	COUNTY
ž	1101111111			- /1/17	
W	AT WORK - AT WORK	sital) attandable the decreased from	93/2	1 1/12	10 1 that (1) /
	22s. I certify that (I) (this has	pital) attended the deceased from	2, and that in (my) (our) opinio	n death accurred on the date and ha	19, that (1) (
	220. I certify that (I) (this has sow the deceased alive on bowe. (I) we (did indicate)	n 19. The body ofter death.		n death occurred on the date and ha	
MED	22s. I certify that (I) (this has		DEGREE ATTENDING	MEDICAL STAFF	19 that (I) (vur and fram the couses sto
	270. I certify that (I) (this has sow the deceased alive a above. (I) we idid idid in the state of the state		DEGREE ATTENDING PHYSICIAN		
	220. I certify that (I) (this has sow the deceased alive on bowe. (I) we (did indicate)		DEGREE ATTENDING PHYSICIAN 22° ADDRESS	MEDICAL STAFF	_
7	220. I certify that (I) (this has sow the deceased alive a showe. If the (Idd) Idd in 228. SIGNATURE	ot) via the body ofter death,	DEGREE ATTENDING PHYSICIAN  220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	_
734	220. I certify that (I) (this has saw the deceased alive on showe. It twelf did it did in the present of the pr	19. On the body ofter death,  A Mo S  23L DATE  23L	DEGREE ATTENDING PHYSICIAN  220 ADDRESS  NAME OF CEMETERY OR CREMATORY	MEDICAL STAFF DIRECTOR PHYSICIAN [	112 DATE SIGNED 7/13/15
7211	220. I certify that (I) (this has saw the decessed alive a saw that a saw	19. On the body ofter death, 19. On the body of th	DEGREE ATTENDING PHYSICIAN  220. ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN    233 LOCATION CITY OF TOWN ALLIE	191. DATE SIGNED

24. FUNERAL DIRECTOR
SILCOX-MERRITT FUNERAL HOME CUMBERLAND MARYLAND

DHMH - 16 50M 4/82 (VRA 15, 4)



			FOR MATN	UNERAL HOME STREET DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYO	GIENE	
		80	REGISTRAR FROSTBUR	STREET	CERTIFICATE OF DEATH	R 7 REG. NO 1 S	4 7 7
			EASED NAME FIRST OR PRINT)	WIOOFE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
nay be poge 3			WILLIA		GRABENSTEIN	JULY 7, 1987	9:00 A
4 mc		3. SEX		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER 24 HRS
ago II			MALE	WHITE	8/29/26	60 YRS.	
4 97	20		THPLACE   STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTS	MARRIED A NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
Bu and	_G_	10 (1)	MARYLAND Y OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	ALLEGANY COUNTY	MD.
The F	1			(IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OF TE
و ما الم	12		MBIGHRIL AND	SACRED HEART H		CHEMIST	KELLY TIRE
lled in		13a S	TATE 136 COUR	NTY 13c. CITY OR T		13e STREET ADDRESS / ZIP CODE	21532 SANT ST.
thur rely to	25.		THER'S NAME		15. MOTHER'S MAIDEN NA	AME	
mplet			PETER I	GRABENS	STEIN DELORES	WIDDLE	MET ZNER
d co			'AS DECEASED EVER IN U.S. AR			, FROSTBURG, M	ID 21532
be execu	e med		YES WW		5942 MRS. WILLIA	M GRABENSTEIN	78 MT. PLEAS
ysicio	event, the		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b)	and icy	04 =	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
g ph	ever			TE CAUSE (o)	Mynu m	only in a	3 1/2
oth c	n, or motic			DUE TO, OR AS A CONSE	OUENCE OF	Luci	
A 40	troum		Canditions, if any, which gave rise to immediate	(b)	Valley	I Mus	
1	apper of the		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF		
	B 10.		PART 2 OTHER SIGNIFICANT	(c)	TO DEATHIBUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART LIG
ANI P	Liniui Liniui	N O	ON	XIM. EN	unhalini		
bee mit.	ony ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
The icon.	e e	TIF			<u>.</u>	YES NO YE	S NO
AN: 1 hysic ficate frons	18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	110110 1 11 11011011		RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
SICI.	Mentol rr Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M	19		
PHY tendi	_ 0	MED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY OFF	ICE FARM ETC.)  211 LOCATION  STREET	CITY OF TOWN	COUNTY STATE
or of After	olth and marked		AT WORK AT WORK	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7/2 9	7 7/1	10 8 7
o lor	Hec I is r		sow the deceased ofive or	ital) attended the deceased fro	(/-//	death occurred an the date and hav	19, that (It (we) last
RECT	tept. o		abave, (I) (we) (did) (did no 22b SIGNATURE )	at view the body after death	DEGREE		221 DATE SIGNED
the the III	□ ±			11/2	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	7/7/87
HOSPITAL ned by the FUNERAL	TANT		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS		
O HO etorne TO FU	with the Stote		RENATO ESPINA	, MD	907 SETON DI	RIVE. CUMBERLAND.	MD_21502
5 5 5 4	; 3 ≥7 —		URIAL, CREMATION, REMOVAL	. 23b. DATE 2	30 NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP		GI	TWATION (	7/8/87	MITHBURG CREMATO	ORY SMITHBURG V	VASHINGTON MD
DHMH - 16		2 E	Traulout!	Lowers 60 all	S LIBTIN DI.	TE REC'D BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
(VRA 1:	5, 4)	S	Owaks Filher A	HOME FROS	TBURG JU	L 1 3 1987	-con-Handelle

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# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

87-18538

067	676 AUG-	5 8	FOR STATE REGISTRAR		DEPART		ICATE OF DEAT		REG. N			. 1
	- 4		CEASED NAME FIRST		WIDDLE		AST	2a. D	AT OF DEATH	MONTH D	AY B YEAR	26 HOUR4: 00
	y be		RALPH		С.	HAE	NFTLING		July 21,	1987		P.M
	8 2 4	3. SE	X	4 RACE		5. DATE (			GE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	IF UNDER 24 HRS
	ge 4		male	wt	nite	MONI	10-03-19	15	71	YRS.	Sixting Carry	MIN.
	8 94 86	7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIE	9. B/	ALTIMORE CITY O	R COUNTY	OF DEATH	
10.0	leoth of the control		WV	US	SA ,	WIDOWI			Al:	legany		MD.
	in 11/2/	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSI	G HOME	OR OTHER INSTITUTION		USUAL OCCUPATI	ION	12b. KIND OF	BUSINESS OR
201	rs is a constant	1	Cumberland	Memor	ial Hospi	tal			retired		Hosp	oital
VD 213	24 hou	13a. S	AL RESIDENCE (IF NURSING HOME C STATE 13b CQU	r other institution Inty Legany	13c. CITY OR TOV	/N	13d. INSIDE CITY LIA YES 🕅 NO [	AITS? 13e.S	TREET ADDRESS	ZIP CODE	e Stree	st/21502
YLAP	ig and	14. FA	THER'S NAME	2094119	- Gambe.		15. MOTHER'S MAID		TZT OPI	inguai	.C JUICE	50/21002
MAR	w ald of		Gill	pert E.	Haenftli	ng	FIRST	- Er	nma F. Ap	pel	LAST	
IIMORE	be execu-		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? IVE WAR OR DATES)	214-07-		Mrs. Fran Mrs. Glad	nces F. dys V.	. Bergman Poland,	cumber	erland, land, N	MD MD
T., BALI	physicinopoliticate physic		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause pe ED BY: ATE CAUSE (a)	er line for (a), (b), ar	dio	- Respir	2007	1 Am	ef	BETWEEN OF	ATE INTERVAL NSET AND DEATH
N N	h cer ding arba ar re	1			OR AS A CONSEQU	ENCE OF	0	1	<i>'</i>			
ESTO	teon ove c		Canditions, if any, which	(b)_	Adv	ance	C9.0	x				
W. PR			gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, (	DR AS A CONSEOU	ence of		(	٠			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120'		NO O	PART 2. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	<u>DEATH</u> BUT	NOT RELATED TO TH	HE TERMINAL	DISEASE OR CON	DITION GIVE	N IN PART 110	
AL RECO	he low	CERTIFICATION	19a DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		ES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES O	GS USED OF DEATH?
VITA	ZA SOLE	Ü	210. ACCIDENT WAS UNDERLYING		OF INJURY A.M. MONTH D	AV VEAD	21¢ HOW INJURY	OCCURRED (	ENTER NATURE OF INJUI	RY IN ITEM 18 PA	RT 1 OR PART 2)	
P	7 199	1 g	OR CONTRIBUTING CAUSE OF DE	A1111	P.M.	19						
VISION	the bo	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC )	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
á	DINK o to o to o th o th o th o th o to o to	1	220.1 certify that (I) (this hasp	sital) attended t	he deceased from		19-			1	9 th	nat (I) (we) last
	AT 200 4 1	1	saw the deceosed alive a above, (I) (we) (did) (did n				nd that in (my) (aur) o		occurred on the de			
	R All REC Pet.		22b. SIGNATURE	at) view the bad	y after death.		DEGREE				22c. DATES	IGNED
	Y the O to the District Distri			7000		1	MD ATTENE	DING ME	DICAL STAI	FF CIAN []	7/2	3/87
9.0	O HOSPIT		224 PHYSICIAN'S NAME (TYPE	OR MINT)			22e. ADDRESS M	lemoria	1 Hospita	al Med:	ical Bu	ilding
100	H O O O O	_	Dr. Q. Zama						and, MD	21502		
		23a. E	BURIAL, CREMATION, REMOVA				EMETERY OR CREMA		de LOCATION CITY OR TOWN		COUNTY	STATE
	BP	L	Burlai	U/-2	23–1987 H	llicre	st Burial		Cumberla		ledanv	MD
	DHMH - 16 60M 7/84	24 FL	JNERAL DIRECTOR		ADDRESS			ZSo DATE REC	D. BY REGISTRAR 2 7 1987	25b REGISTR	AR'S SIGNATU	RE
	(VRA 15, 4)		James F. Scarr	pelli, C	umberland	L MD	21502	JUL	H 1 1001	0		

# u ctar, page 3 ours after death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 10 FUNERAL DIRECTOR, A shauld be definited for vite with the State Dept. of Heal IMPORTANT, If new 21 is to

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 87-18539

1990 AUG -	87	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 -	185	53	9
		CEASED NAME OR PRINT)	FIRST	A	AIDDLE		AST	20. DANE OF DEATH	MONTH	DAU YEAR	26. HOUR
poge 3	(TIPE		NNA	FR	ANCES	Н	AGER	July	y 29,	1987	12:00 BM
E bo	3. SE	(	31	4 RACE		5. DATE (		6 AGE (IN YEARS LAST BIRT	(HDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
cto.	-	female		ν	white	MONT	02-26-1896	91	YRS.	DATS	nooks min.
2 30 30		RTHPLACE (STATE OR FO	REIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
de de de		MD		USA		WIDOW	DIVORCED	Allega			MD.
1 11 1	10 CI	TY OR TOWN OF DEAT	Н	(IF NOT IN SUCE	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFE		OF BUSINESS OR
4/10	-	Cumberland		Memori	al Hospi	tal		housew	ife	0	wn home
24 ho onid by	13a. S	AL RESIDENCE (IF NURSIN TATE 1		other institution vty legany	GIVE RESIDENCE BEFOR 134. CITY OR TOV CUMBES		13d. INSIDE CITY LIMITS? YES XX NO	13e.STREET ADDRESS / 340 Da	zip cobe vidsor	n Stree	et/21502
1 12 1	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME			
p	1	George W	Vinfi	eld	LASI		FIRST	nn Hensîer		LAS	aT .
3 P H 3		VAS DECEASED EVER IN		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE	SS		
1 52 1/		NO OK ONKNOWN)	(IF TES, GIV	E WAR OR DATES	213-74-	0546	Mr. Corneliu	s A. Hager,	Sever	na Par	k, MD-sor
6 242		18 CAUSE OF DEATH	(Enter on	nly ane cause per	line far (a), (b), ar	d Icid				APPROX BETWEEN	ONSET AND DEATH
1 601		PART I. DEATH WA		:D BY: [E CAUSE (a)	CARDIA	tc Ar	REST				
NO E SE Y				DUE TO, OF	R AS A CONSEQU	ENCE OF					
EST SE ST SE		Canditians, if any, gave rise to imme		(b)	SEPSIS	- SH	OCK			+	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN. The faw requires that the aboth celetricate be executed within 24 hours certained physician physician on the been signed by the offer drap physician and completely filled in by as the bond-transit permit. Then please remorp participationers. Pages 1 and 2 hould be the hand mental theorem prior to burnel, cremofiberial managed.		cause (a), stating underlying cause	the	DUE TO, OF	AS A CONSEQU	ENCE OF	00.5.0.000.05	_			
the plant of the p				( (c)	ASPIRA		PNEUMONITI				
sign o kur	z	PART 2. OTHER SIGNI				DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	)ITION GIVI	EN IN PART 16	a
ior Tr	CATION	190 DATE OF OPERATION		DEHYDR		OPERATIO	N WAS PERFORMED	20g AUTOPSY?	120h IE VES	, WERE FINDI	NGS LISED
9 9 9 9	F .	DATE OF OTERAT.		I'M CONDI		OFERATIO	TO WASTERI ORMED		IN CERTIF	YING CAUSES	S OF DEATH?
	CERTIFI	71a. ACCIDENT WAS UNDE	RLYING [	216 TIME O	F INJURY		21c. HOW INJURY OCCUR	YES NO	YES		NO 🗌
Physical Phy		OR CONTRIBUTING CA		.,,,,	M. MONTH D			(citigation of the control of the co			
W West of the second	MEDICAL	(IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE		21e PLACE (		19	211 LOCATION				
日本年	¥	WHILE NOT WHILE	E		EET, FACTORY, OFFICE	ARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
N 4 1 1 1				tal) attended the	deceased from	7- :	7 10 87	10 7.27		10 87	that (1) (we) last
Z 7 6 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		22a.1 certify that (1) (1 sow the deceased abave, (1) (we))(did	alive an	7.28		87	nd that in (my) (our) opinion	death occurred on the do	ite and haui	and Iram the	1
A MA		22b. SIGNATURE	di (did na	of view the body	atter death.		DEGREE MD			22c. DATE	SIGNED
A SACTOR		touchele	7,	Simole	a.H. mon		ATTENDING PHYSICIAN N	MEDICAL STAF	F IAN 🗆		
TAN PARTY AND THE PARTY AND TH	1	22d. PHYSICIAN'S NAM	ME (TYPE O		,		122 ADDDECC	ial Hospital			
TO FUN		Dr. Siri	prak	orn				rland, MD 2			
5 E 5 E 1 2 1		URIAL, CREMATION, R			230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
BP		Burial		07-31-	-1987 S	Pete	r Paul Cem.	Cumber	land	Allega	STATE OF THE STATE
DHMH - 16 60M 7/84	24 FL	INERAL DIRECTOR			•		25a DAT	E REC'D BY REGISTRAR	25b. REGISTI	RAB'S SIGNA	witalia -
//DA 15 4)	1	Mames F.	Sca	rnelli	Cumber	and M	D 21502	1001 001			

P.S. 231 - FT

1	1-	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYL EALTH AND ICATE OF	MENTAL HYG	IENE	8 REGAN	<b>-</b>	185	40
060067 JUL	2	COTED NAME	'L'eR	оу	NMN		Hall		20. DATE		MONTH 07	14 198	2:50A
offer d	3. SE	MALE		4. RACE BLA	СК	S. DATE C		1909	6 AGE (19	YEARS LAST BIR	THDAY	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
		RTHPLACE (STATE O COUNTRY) MARYLANI	770		S.A.	8 MARRIE WIDOWE		MARRIED X				OUNTY	MD.
10 P	CU.	TY OR TOWN OF DI		LIONS.	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET MANOR NU	ADDRESS) JRSIN				L OCCUPATI ORK FOR MOST O			
AND 21:	13a S MA	RYLAND	13b COUN	ITY	13t. CITY OR TOW CUMBERI	N	13d INSIDE (	NO 🗌	S	ADDRESS MALLW		ST. 21	502
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' NG PHYSICIAN. The law requires, that the death certificate be executed within 24 hours of the adminishing physician.  We have certificate has been used by the otherding physician and completely filled in the ast the buriol-transit permit than some earbampapers. Pages 1 and 2 should be life to an Amental Hygiene price at the motion, or removal.  Orked or them 18 shows again the recomplete event, the medical examiner mosts.	JO	SEPH	HALL	MIDDLE	LAST		BE	S MAIDEN NAM	ME	MIDDLE		WEE	EDEN
be execu		VAS DECEASED EVE (ES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	11.5	-	17. INFORM	rine M	atth	ADDRE 5 ews C		urnace rland,	
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rSICIAN: ring physic certifico uriol-tron Aentol Hy	MEDICAL CI	OR CONTRIBUTING [ (IF EITHER NOTIFY ME	CAUSE OF DEA		OF INJURY	AY YEAR 19	21f. LOCATI		ED (ENTER	NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)	
DIVISION DIV	MEE	WHILE NOT AT W	WHILE ORK	(AT HOME S	TREET FACTORY, OFFICE F	ARM, ETC.)	THE LOCKED			CITY OR TO	WN	COUNTY	STATE
ATTEND cospital of ECTOR. ed for use of to use of the of Hea		270. I certify that ( sow the deced above, (I) (we) 27b. SIGNATURE	sed alive on.	7-13	198	-	d that in (my	) (our) opinion (	death occur	red on the de	ote and ha		that (I) (we) lost couses stated
HOSPITAL OR A med by the hospital or A med by the hospital DIRECT of the Store Dept. ORTANT: If them		V. A.	Rang	Mar	1				MEDICA KDIRECTO	L STAI	FF IAN [		87
TO HOSPITAL (cetoined by the TO FUNERAL (should be detoined with the Store LIMPORTANT: If		VIMA	LA. U	A.RA	NJITH	AN	Su	it 205			nd,M Medi	d. 215 cal Bl	02 d.
BP	L '	URIAL, CREMATION SPECIFY)  CREMATIC  UNERAL DIRECTOR		July1	6,1987 F		aven	Cremat	ory			COUNTY TRAR'S SIGNA	Md.
DHMH - 16 60M 7/B4 (VRA 15, 4)	Le	asure-St	Balti ein E	more unera	Ave. Cumh 1 Home	perla Inc21	nd,Md 502	JUL	17	1987	Julia ,	Devider . K	andres ,

-059759

In rector, page 3 Fours ofter death

d by the attending physicion and to consiste corbonpopers. Page of cremation, or removal.

# STATE OF MARYLAND

	FOR STATE REGISTRAR			DEPARTI		EALTH AND MENTAL HYG	4	G. NO.	0	a 1
	CEASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEA	Н монтн	DAS YEAR	26. HOUR A
(IAb	E OR PRINT)	EVELY	N	ETHEL	HA	RE	July 8,	1987	2.7	25. HOURA 2:30 M
3 SE	X	4.	RACE		S. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	female	2	wh:	ite	June		67	YRS.		100
	IRTHPLACE (STATE O		L CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CI		Y OF DEATH	
Ma	rvland		U.S	5. A.	WIDOWE			gany		MD
	ITY OR TOWN OF DE	EATH 1	1. NAME OF I	HOSPITAL, NURSIN H FACILITY, GIVE STREET NOTIAL HO	G HOME (	OR OTHER INSTITUTION	12a USUAL OCCU			OF BUSINESS OR
	umber1and				-	.T	House	wife.		
USU 130.	AL RESIDENCE (IF NU STATE	RSING HOME OR O	THER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	136 INSIDE CITY LIMITS?	13e.STREET ADDR	ESS / ZIP COI	DE	
ma	ryland	Alle	gany	Cumberl	land	YESXXX NO	516 Hi			21502
14. E.	ATHER'S NAME FIRST		IDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LA	
	Elza		R.	Hare	2	Bessie	F	ΛE		ner
	WAS DECEASED EVE			166. SOCIAL SECU	JRITY NO.	17 INFORMANT		DDRESSmor		spital
	(YES, NO OR UNKNOWN)	(IF YES, GIVE )	WAR OR DATES)	220-28-	9813	Hospital r	ecords	Cumbe	rland,	MD
	IR CAUSE OF DEA	TH (Enter only	one couse per	line for (a) (b) on	dies					XIMATE INTERVAL ONSET AND DEATH
l	18. CAUSE OF DEA PART I. DEATH			Reinir	afory	Failur			DETWEEN.	ONSET AND DEATH
		IMMEDIATE	-		- 0					
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ı	couse (a), state underlying cour		DUE TO, O	R AS A CONSEOU	ENCE OF	utio Pelmo	non 71	STEST		
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≝							YES TO NO	_	TIFYING CAUSES	S OF DEATH?
1 🖁	218. ACCIDENT WAS U	NDERLYING	216 TIME O	F INJURY		21c HOW INJURY OCCURR				
	OR CONTRIBUTING	-	"	M. MONTH D						
WEDICAL	116 EITHER, NOTIFY ME		P. 21e PLACE		19	211 LOCATION		_		
¥ W	WHILE NOT	WHILE		REET, FACTORY, OFFICE F	ARM, ETC.)	STREET	CITY	ORTOWN	COUNTY	STATE
1	AT WORK AT W		1) - 44 d - d - d - d	- decreed from	Inch	1987	. 7	19	10 87	1
	220 I certify that (		/		87 0	nd that in (my) (our) apinion of	death accurred on t	he date and he	our and from the	, that (I) (we) lost
ı	sow the deced above, (I) (we) 22b. SIGNATURE	(did) (did not)	view the body	ofter death.		DEGREE		ne dole ond ne		E SIGNED
	228. SIGNATURE	Man	ano C	Huma,	n	ATTENDING	MEDICAL	STAFF	7//	/
4	22d. PHYSICIAN'S	NAME ITABLE OF	DD IN IT I				DIRECTOR PH	TYSICIAN [	// .	701
1	Dr Rav		FRINTI			27 Memorial Ho	_			
<u> </u>	1					Cumberland,				
230.	BURIAL, CREMATION (SPECIFY)	N, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	Bu	rial	7/10/			ill Cemeter	y Cumb	erland	Alle	gany MI
24 F	UNERAL DIRECTOR	Leasu	re-Ste	in Fune	ral	Home, Inc.	E REC'D. BY REGIST	RAR 256 REGIS	STRAR'S SIGNA	TÜRE
2	30 Balti						1 1 4 198	37 Julia	Dundson	

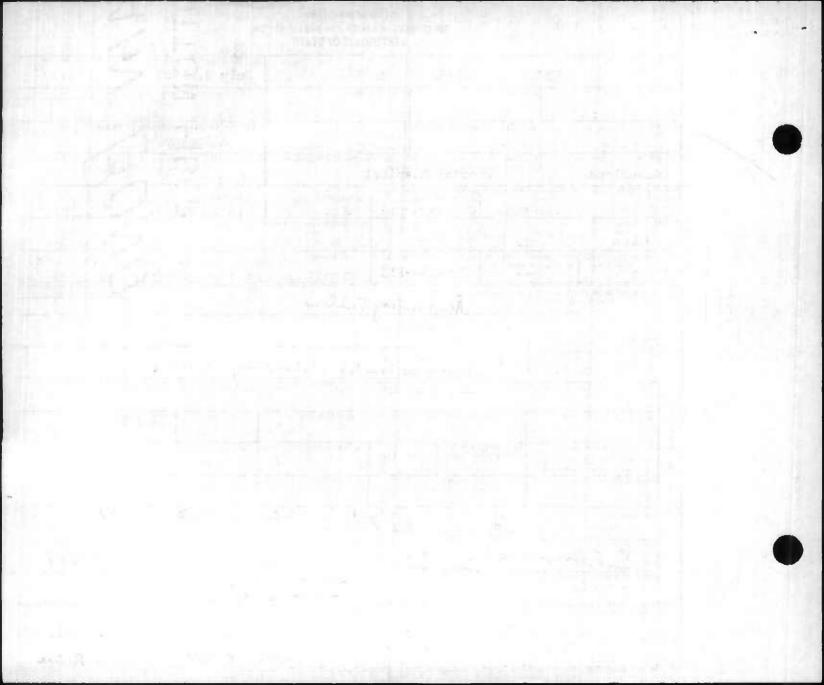
DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate I should be detached for use as the burial transit with the State Dept, of Health and Mental Hygie

retained by the hospital or

BP.

IMPORTANT, If hem 21 is marked or



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	12 4 4 S F			OR PRINT)	Samu	el	Τ.		Н	eadle	V	) i	OF E	STI- ATED			N'1'Y'
	S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES.	N N N	3. SEX	male	4. RACE White	5. DATE OF BIRTH	912	6. AGE (IN YEARS LAST BIRTHDAY) 75 YRS		DER 1 YR.	IF UNDER 2		RONOUNCE DEAD	D	07-2	DAY YE	AR 24 HOL
	ESSAR ERAL D OR YO	2	7a. BIF		ATE OR	76. CITIZEN OF WH		VTRY? 8			VER MARRIEI		BALTIMOR	-	R COUNT		
	S AFTER DEATH. IF ANY DELAY IS NEC GIVE PAGES 1, 2, AND 3 TO THE FUNE ITH FORM PM 3. RETAIN PAGE 5 FO PAGES NAMES, SHOULD BE FILED WIT	50		MU IY OR TOWN Cumber	-	11. NAME OF HOSE (IF NOT IN SUCH FACE MEMORIA	ILITY, GIVES	IRSING HOME, C	/IDOW R OTH		TION	12a. USU	ALI ALI OCCUPAT OST OF WORKING Etired		-	126 KIND OF OR INDU	BUSINESS ISTRY
21201	ANY DE AND 3 T RETAIN HOULD B	1/5	USUA 13a. S1		/ 113b. COUN	or other institution, givi hty neral	13c. CITY	e BEFORE ADMISSION) OR TOWN TO Ashby	,	13d INSIDE CI	ITY LIMITS?	13e STRE	et address Box	262/	′2150′	OCH	199
RE, MD.	SES 1, 2,	119		THER'S NAME	Mans	field Head		LAST		F	R'S MAIDEN		ah Mes	sseng		LAST	
BALTIMORE	S AFTER D GIVE PAC IITH FORA PAGES N	SIGN	16a. W	AS DECEASE! S, NO, OR UNKNO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)		CIAL SECURITY N 4-07-337		Mrs.		A. F	leadley	ADDRESS /, Fo		shby, l	√V-wif
IN ST., B	HOURS A TEM 18. GIV ONG WITH PERMIT. PAGE	L N.		18 CAUSE O PARTIDE	CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  MYOCARDIAL INFARCTION										APPROXIA BETWEEN O	AATE INTERVAL NSET AND DEAT	
201 W. RRESTO	A SAME	ON, OR REMOVA		gove ris	ns, if ony, which se to immediate stating the <u>under</u> se last.	(b)	ART	SEQUENCE OF	ROT	IC HE	ART DI	SEAS	E		-		
CORDS,	PENDING" MEDICAL D AS A BUR	REMATI	NO	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH 8	UT NOT REL	ATEO TO THE TERMINA	OISEASI	OR CONDITION	N GIVEN IN PART	1 a.					
ITAL RE	ICATE SHOULD BE EXECUTED THE WORD "PENDING" IN THE CHIEF MEDICAL EXULD BE USED AS A BURI.	A HEA	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR	WHICH OPERAT	ION W	AS PERFOR	MED?					20 AUTOF	vv
DIVISION OF VITAL RECORDS,	RTIFICATE S NG THE WO TO THE SHOULD BE	PRIOR TO BE	CAL CER	UNDERLYING	CAUSE WAS			DAY YEAR	21c. HC	)W INJURY	OCCURRED	(ENTER N	ATURE OF INJURY	IN ITEM 18 I	PART I OR PA	RT 2)	
DIVISI	H = 111 m	STATE DEPART 7, 21201 PRÍOR	MEDICAL	21d INJURY C WHILE AT WORK	OCCURRÉD   NOT WHILE     AT WORK	21e PLACE O STREET, FACTO				TREET			CITY OR TOWN		COL	UNTY	STATE
•	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P	A E		22a I certi deoth resulta ACTUAL SIGNATURE	•	ge of the remains described auses XX,	ribed abi		Autap le	Hamic DEPU	Inspection cide ,	Undete	Inquiry XX	er .	DATE SIGNE	7/21	/87
	TO MEDIA EXECUTE PAGE 4 S	ALTIMO	1	EXAMINER'S (TYPE OR PRI	VT) GIU	vanni Mast							ive, Cu	umber	land	, MD 2	1502
99	1999 BP4	4 80	(5	Bu	rial	07-24-198		name of CEME illcrest		rial	Park	CITYO	CATION Cumberl	and	Alle	egany	STATE
-	DHMH-1 (VR A15 ME 15M 2/8	(5))	James F. Scarpelli, Cumberland, MD 21502								250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE  2 1111 2 7 1987 June Deviden Radius						

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

061265 JUL 30	87 STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 7 REG. NO. 1 8	5 4 3
oy be cage 3 deoth	1. DECEASED NAME MARY LARGE	HICCOLOS	20. DATE OF DEATH MONTH  6. AGE (IN YEARS LAST BIRTHDAY)	25 87 5:45 M
metor, p	-EMALE CAUC	MONTH DAY YEAR OT	79 YRS.	MONTHS DAYS HOURS MIN.
0 1 16 84	MARKLAND 1. CITIZEN OF WHA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	OF DEATH MD.
of the local part of the local		PITAL, NURSING HOME OR OTHER INSTITUTION CILITY, GIVE STREET ADDRESS)  REAR DO WEST OF THE PROPERTY OF THE PRO	120. USUAL OCCUPATION LYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
AND 212		RESIDENCE BEFORE ADMISSION)  CITY OR TOWN  136. INSIDE CITY LIMITS?  ROSTAUCE YES NO	130. STREET ADDRESS	ST. 21532
MARYL mplomby ond 2 a	JAMES SCOTT	LEE IS. MOTHER'S MAIDEN NA	MIDDLE DUC	KWORTH
IMORE,	THE AND OR WHICHAID WAR I HE VES COVE WAR OR DATES!	SOCIAL SECURITY NO. 17. INFORMANT 12-38-5640 JENNIE H	LEE, FROSTO	
T., BALT	18. CAUSE OF DEATH (Enter anly one cause per line PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	Cardio respiratory ar	7/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Minutes
onth cer tending e carba an arch amotic a		A CONSEQUENCE OF		
1 W. PRES that the de by the at by the at case remarks	gave rise to immediate	a consequence of		
RDS, 20 equires in ughed Then pla to burn injury, o	PART 2 OTHER SIGNIFICANT CONDITIONS CONT  OF A CONTROL  198 DATE OF OWNATION  198 CONDITION	RIBUTING TO DEATH BUT NOT RELATED TO THE TERM	winal disease or condition giv	EN IN PART Train
AL RECO	THE DATE OF OPPRATION 196. CONDITION	N FOR WHICH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
OF VIE	210. ACCIDENT WAS UNDERLYING AND THE OF IN HOUR A.M.	JURY 21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM IB P	PART T OR PART 2)

21d. INJURY OCCURRED

NOT WHILE

21 a. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION

COUNTY STATE

that (1) (we) last

220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an\_abave, (I) (we) [did] (did nat) view the bady after death 22b. SIGNATURE

DEGREE

ATTENDING MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

CITY OF TOWN

22c. DATE SIGNED

226. PHYSICIAN'S NAME (TYPE OR PRINT) Dr. S. Gupta

230. BURIAL, CREMATION, REMOVAL

23b\_DATE

22e ADDRESS

and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated

(VRA 15, 4)

DHMH - 16 50M 4/B2

CRIANT

250. DATE REC'D. BY REGISTRAR 25 REGISTAR SIGNAL

861265 JUL 3087 Lay Belleting was a sure to be the Territory of the comment CRANADA IN ELLE FRANCE OF THE PROPERTY OF THE STATE OF TOTAL STATE OF THE PROPERTY OF STEEL STORY STATE OF SEE FROM STATE OF SEE FROM STATE OF SEE I - I salling Mills on the death again and the sale of the the entry field may be made that the manufacture of the state of the second sec

	7 19	-1	1.	FOR ROTRUCK FU STATE 5 S. MAIN REGISTRAR	NERAL I	HOME	STATI	OF MARYLAND EALTH AND MENTAL HYG	SIENE		
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062	398	AUG [		EASED NAME FIRST		AIDDLE	Ĺ	AST	Za. DAIL OI DEAIL	MONTH DAY YEAR	2b HOUR
	poge C			ELOIS		FRANC1S	,	HILL	JULY 31,		1:00R
+	4 m	9	3 SEX		4 RACE		5 DATE C	_DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS DAY	
1	oge .		1	nale	Cau		Oct	8 1922	64	YRS.	
	death. Po	or of the	-	RTHPLACE (STATE OR FOREIGN OUNTRY) VV	U.S.A		WIDOWE		ALLEGANY		MD.
5	by by	Solitied .	1	Cumberland		HOSPITAL, NURSIN HEACHLITY, GIVE STREET ED HEAR		PITAL	12a USUAL OCCUPATK (TYPE OF WORK FOR MOST OF Homemake)	F WORKING LIFE) INDUSTR	O OF BUSINESS OR
W. PRESTON ST., BALTIMORE, MARYLAND 21201	24 hau	mult be	13a. S			GIVE RESIDENCE BEFORE 134. CITY OR TOW Ridgele	N	13d. INSIDE CITY LIMITS? YES NO X	Rt 2 Box	ZIP CODE 26753	19999
YLA	thin	15/1	14° FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE		
WAR	uted within	B S	1	Victor	C.	Deck	er	Ruby	M.	And	derson
RE,	300	medical		(IF YES, GIT	MED FORCES?	16b. SOCIAL SECU		17 INFORMANT	ADDRE	SS	
OWI		medico		No		1972068	329	Harvey H. Hi	ll Rt 2 Box		
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SNO	h cer iding	on, or re				r as a conseque	NCE OF		1		
EST(	deot	itian,		Canditians, if any, which	(b)						
/. PR	the the	remo		gave rise to immediate cause (a), stating the	DUE TO, O	r as a conseoue	NCE OF				
>	hot d by	ose no.		underlying couse last.	( (c)						
5.2	ulin.	o principal	z	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	ontributing to [	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	)ITION GIVEN IN PART	lia
CORC	£ 49	d duy	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSI	
A 98	25 9	* ×	TIFK						YES NO	YES [	NO [
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DIVISION OF VITAL RECORDS.	Thenday	and Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE			211 LOCATION STREET	CITY OF TO	wn COUNTY	STATE
io	ENDIN 101 o. 101 OR Ah	Health Health		22a.1 certify that (I) (this hasp saw the deceased alive for			5-7 or	1987 Id that in (my) (aur) apinian	, to	,	that (I) (we) last
	A 04 04 04 04 04 04 04 04 04 04 04 04 04	5 t d		abave, (1) (we) (did) (did no 22b. SIGNATURE	at) view the bady	after death.		DEGREE			TE SIGNED
•	0 1 0	# De #		Ma	uell	e		ATTENDING PHYSICIAN	MEDICAL STAF		287
_	HOSPITAL Hed by th	55.5		22d. PHYSICIAN'S NAME (TYPET	OR PRINT)			22e ADDRESS	_ DIRECTOR TITISTE		
		PORT.		URIEL VEL	ANDIA.	M.D.		924 SETON	DRIVE CUM	BERLAND.	MD. 21502
00	333	0+	23a B	URIAL CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
99	9 BPZ	7	- (	Burial	Aug 2.	1987 B	iser	Cemeterv	Keyser	Miner	al WV
11	DHMH - 16	60M 7/84	24 FL	INERAL DIRECTOR				25a, DA1	REC'D. BY REGISTRAR	1	
	(VRA		A.	Craig ROTRUCK	85 S Ma:	in St Key	ser,	WV 26726 AU	67 1987	Julia Dendos	Kondask

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0 2 6	12 6 AUG -8	91	REGISTRAR CII	MBERI		Mn 2150	CERTIF	ICATE OF DEATI	H	8 / REG. NO.	8	5	4 5
	•		CEASED NAME	FIRST		MIDDLE	1	AST	T	20 DATE OF DEATH MON	H DAY	YEAR	2b. HOUR
	may be page 3 er deoth	Ti tet		ESSI	-	May	HI	LEGAS		JULY 24,	1987		12:40A
	no,	3 SE			RACE		5 DATE C		EAR	& AGE (IN YEARS LAST BIRTHDAY	) IF UN		HOURS MIN.
	Page 4	1	female	2	W	hite	MORIF	12-11-189 <i>6</i>		90	YRS		
	Page 7 Pour 2 Pour 2 Pour 2		RTHPLACE (STATE OR FO	DREIGN 71	b. CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIE	ED 🗆	BALTIMORE CITY OR CO	OUNTY OF	DEATH	
	death.		PA			SA	WIDOWE			ALLEGANY	Cour		MD.
	the f	19 C	ITY OR TOWN OF DEAT			HOSPITAL, NURSIN CH FACIUTY, GIVE STREET.	ADDRESS)	R OTHER INSTITUTION	ON	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR		26 KIND OF NDUSTRY	BUSINESS OR
201	Le feb	)	Cumberla		SACRE	D HEART		PITAL		Housewife		own	home
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	filled in pould be nowst be	130.	AL RESIDENCE IF NURSING TATE	136 COUNT	egany	13c CITY OR TOW	N	13d. INSIDE CITY LIA YES		13e STREET ADDRESS / ZIF Valley Road,		2	
3,17	ately 2 sh	14. F	ATHER'S NAME	A4	IDDLE	LAST		15. MOTHER'S MAID	DEN NAM	MIDDLE		LAST	
WA	b and ond	1	Cecil	Twigg	]			FIRST	Emma	nma J. Lidie			
ORE,	nd cc		VAS DECEASED EVER II		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS			
I W	m dec		no	( 1 1 2 3 . 5 . 1 2		212-74-	3512	Mr. Will	liam	C. Hillegass	, Balt		
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S	been mit. I prior	ATIC	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	)			RE FINDING	
IL RE		CERTIFICATION								YES NO	YES [	G CAUSES ( ]	NO [
VITA	IYSICIAN: The iding physicion. Is certificate has Mental transit per Mental Hybovs Trifem 18 shows	CER	21a ACCIDENT WAS UNDE		216. TIME O		AV VEAD	21c HOW INJURY	OCCURRE	ED (ENTER NATURE OF INJURY IN	TEM 18 PART 1	ORPART 2)	
9	SICIA ng ph certifi unolste tental	Æ	OR CONTRIBUTING C		n	.M. MONTH D	19						
o Q	ndin his c his c d Me	MEDICAL	21d INJURY OCCURR	ED		OF INJURY	ARM FIC )	211 LOCATION		CITY OR TOWN		COUNTY	STATE
N N	after ther than han	2	AT WORK AT WOR				C-15. 4		,				
	NDIN NO II or Use ouse Teolt		220.1 certify that (I)		ally attended the	he deceased from	1	21, 19.	10	1, to 7 -2 4	19_		hat (I) (we) last
	spitol CTOR. J for us af He		saw the decease obove, (I) (we) (d	d olive on _ d) (did not)	New the lody	v after death.			opinion d	eoth accurred on the dote a	nd hour and		
	OR A DIRECTOR A Dept.		226 SIGNATURE	1	111	- /_V		DEGREE	DING	MEDICAL STAFF		22c. DATE S	IGNED
	RAL RAL Intote		22d PHYSICIAN'S NA	<u>u</u>	4	TYP -		PHYSIC 22e ADDRESS		DIRECTOR   PHYSICIAN			
	CO HOSPITA etained by TO FUNERA should be de with the Stat				11/0	10			10 0	All A Y	٠.		· II II . I
	TO HOSPITAL ( retained by the TO FUNERAL I should be deto with the Stare I IMPORTANT: If				SPIG					ETON DRIVE	<u> </u>	BERL	AND MU
			Burial, cremation, f (SPECIFY) Buri		236 DATE			EMETERY OR CREMA		23d LOCATION CITY OR TOWN		UNTY	STATE
	BP	74 F	UNERAL DIRECTOR	.al	07-2	/-170/ UE	≎น เปโ	Ridge Union		Schellsbur		SSIGNAZI	PA
	DHMH - 16 60M 7/84	, ,	James F. S	carne	11: C	Imher land	MD (		JUL			doon Ra	
	(VRA 15, 4)			Carpo	0	umber railu	∡ الاا و	11/02					

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# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	7 87	STATE REGISTRAR			DEI AIN	CERTIF	ICATE OF DEATH	REG. NO.				
d		EASED NAME	FIRST		MIDDLE		LAST	20. DATE OF	DEATH MONTH DAY	Y YEAR	2b HOUR	
	I I I I	OK PRIIVI)	DORIS	UR	MA	HO	RWATH	3	July 9, 1987		6:35 PM	
	3. SEX			4 RACE		5. DATE O		6. AGE (IN Y	EARS LAST BIRTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS	
		female		white	е	MONT	07-12-1923		63 YRS NO	VIHS DAYS	HOURS MIN.	
99		RTHPLACE   STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	- [] .ususaaassa []	9 BALTIMO	RE CITY OR COUNTY O	FDEATH		
		Maryland		USA		WIDOWE	D NEVER MARRIED	A1	legany		MD.	
3	10 CII	TY OR TOWN OF I	DEATH				OR OTHER INSTITUTION		DCCUPATION	12b. KIND O	F BUSINESS OR	
all		umberlan			Hospit			Thouse	FOR MOST OF WORKING LIFE)	INDUSTRY	home	
	USUA 130. S	L RESIDENCE (IFN	13b. COU	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET A	ADDRESS / ZIP CODE	_		
-		MD		llegany	Cumber		YES NO X	5 (	Jtah Avenue/	21502		
V	14. FA	THER'S NAME			LAST		15. MOTHER'S MAIDEN NA	ME				
1		FIKSI	Herb	ert f. S	Sarver		FIRST	'era Jol	LÍÿ	LAS	1	
		AS DECEASED EV			16b. SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRESS			
	I Ai	ES, NO OR UNKNOWN)	JIF YES, GIV	E WAR OR DATES)	216-18-	1953	Mr. Walter	J. Horv	wath, Cumber	land,	MD-husban	
ĺ		18 CAUSE OF DE PART I. DEATH	ATH (Enter or	nly one couse per	lipe for (a), (b), a	nd (c)	0. 1: 1.	A	1	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH	
ı		PARTI. DEATI		TE CAUSE (0)	andi	0-1	a smooth	172	1			
1				DUE TO, O	R ASA CONSEQU	1 11010	2:00/0	0				
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		cause (a), sto underlying ca		DUE TO, O	R AS A CONSEQU	JENCE OF	MN- Un-	ann	· ·			
		PART 2 OTHER S	IGNIFIC ANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASI	OR CONDITION GIVEN	J IN PART 1	a.	
	<u>N</u>											
5	CERTIFICATION	19a DATE OF OPE	RATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO		WERE FINDIN		
	E							YES 🗌	NO YES		NO []	
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١	1AC	OR CONTRIBUTING [		KIH .	Μ.	19						
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					e deceosed from.		, 19	to			that (I) (we) last	
		saw the dece abave, (1) (yy	eased alive an (did) (did no	it) view the body	after death.	, a	nd that in (my) (aur) apinion	death occurre	d an the date and haur a	nd fram the	couses stated	
		22b. SIGNATHIE	1	2	/		DEGREE	fores	CYAFF	221. D TE	519/850	
		U	1	for				DIRECTOR	STAFF PHYSICIAN	17/9	181	
-		22d. PHYSICIAN'S		(-)			Memorial Hospital Medical Building					
		Dr. Q	. Zama	n					MD 21502			
		URIAL, CREMATIC					EMETERY OR CREMATORY	23d. LOCA		COUNTY	STATE	
	l '	Bur	rial	07-	12-1987	Davis	Memorial Cem	etery	Cumberland	Alle		

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is

Jämes F. Scarpelli, Cumberland, MD 21502

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ertificote	g physici ion poper removal	event, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMMED	only ane cause pe USED BY: DIATE CAUSE (a)		A -	2avc	hom	a 4 (2)	mg		SET AND DEATH
TON	soth ce	e carb	umotic		Conditions, if any, which		or as a conseoui	ENCE OF				J		
A. PRE	the de	y the ut a remov crematic	ther tro		gove rise to immediate couse (a), stating the underlying cause last	)	DR AS A CONSEQUE	ENCE OF						
, 201	res that	pred b n pleas borial,	7 0 7		PART 2 OTHER SIGNIFICAL	NT CONDITIONS C	CONTRIBUTING TO I	DEATH BUT	NOT RELATE	D TO THE TERM	IN AL DISEASE OR CON	DITION GIVE	N IN PART 1:0	
ORDS	redo	n Arra	\	NOIT	19a DATE OF OPERATION	19h CONF	OITION FOR WHICH	OPERATION	J WAS PERE	OPMED	20g AUTOPSY?	20h IF YES	WERE FINDING	SUSED
AL REC	The low	100	X	CERTIFICATION						O.M.ED	YES NO	IN CERTIFY	NG CAUSES OF	F DEATH?
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGINO. 20. DATE KNOWN (TYPE OR PRINT) DEATH MATED Flmer Hubble. Tee SEX 4 RACE IF UNDER 24 HRS DATE OF BIRTH IF UNDER 1 YR. DATE LAST BIRTHDAY) PRONOUNCED DEAD 1987 Oct. 5, 1922 64 Male White To BIRTHPLACE (STATE OF b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) Allegany WIDOWED Missami 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 24 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS CITY OR TOWN OF DEATH OR INDUSTRY (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Exec. Officer & Dir. 12916 Cresapt Street Banking Curberland 13d INSIDE CITY LIMITS? 113e STREET ADDRESS 13b. COUNTY 13a. STATE 12916 Cresap Street / 21502 Curberland Maryland Allegany 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST FIRST Van Zile Hubble, Sr. Lee Jean Elmer 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Deborah Budd-496 Bourbon Street-Curberland, MD 361-07-5039 W.W.II 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY CARDIAC ARREST IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which CARDIOMYOPATHY gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION USED OF HE 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES XX NO HOULD BE 21g EXTERNAL CAUSE WAS 16. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 11. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains de ed above, held an Inspection and in my apinian death resulted fram: Matural causes Undetermined manner TITLE (SPECIFY) ACTUAL Deputy SIGNATURE Memorial Hospital-Curberland, Maryland EXAMINER'S NAME Paul Snow, M.D. (TYPE OR PRINT) 044 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 3d. LOCATION STATE Winchester, Virginia Cremation Onps Crematory BP

, ma Deordoon Produce

24. FUNERAL DIRECTOR George-Upchurch Funeral Home, P.A.

202 Greene Street-Ourberland, Maryland 21502

DHMH - 17 (VR A15 ME (5)) 15M 7/76

DIVISION OF VITAL RECORDS, 201 W. PRESION SL., BALLIMORE, MARTIAND 21201	
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 now parties and the death certificate be executed within 24 now parties and the death certificate be executed within 24 now parties.	
retained by the hospital or attending physician.	
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in Darm Luneral direction, page 3	
should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be made in 1/2 hours after death	

BP.

DHMH - 16 60M 7/ (VRA 15, 4)

		OR PRINT)	FIRST	_	MIDDLE		AST	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
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	3 SE)	(	4 R	RACE		5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST BI		ONTHS DAYS	HOURS 24
		Female RTHPLACE (STATE OR FOR	11	White	WHAT COUNTRY?	F'e	b 14 1908	9 BALTIMORE CITY O	YRS	DEDEATH	
87 4		COUNTRY)	70. C	U.S		MARRIE	D NEVER MARRIED DIVORCED	Allegan			
	10 CI	TY OR TOWN OF DEATH	/	NAME OF H	HOSPITAL, NURSIN H FACILITY, GIVE STREET d Heart 1	ADDRESS) Hospit	OR OTHER INSTITUTION	120 USUAL OCCUPAT {TYPE OF WORK FOR MOST HOUSE WI	ION	17b KIND (	Me
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\$ C		Alvin			Linds		Annette			Emeri	
medicohexom	16a V	VAS DECEASED EVER IN VES. NO OR UNKNOWN) (	U.S. ARMED (IF YES, GIVE WA		18518149		Beatrice	rtice r	riend	svill	Md     Mate intervious et and de
her troumotic		Conditions, if ony, w gove rise to immed couse (a), stating	vhich diote the	(b)	R AS A CONSEQUER AS A CONSEQUER	esti	Je Hear	t failu	rl		
ny injury, or other troumotice	ATION	gove rise to immed couse (a), stating underlying couse	vhich diote the lost.	DUE TO, OI  (b)  DUE TO, OI  (c)	CONG R AS A CONSEOU DITRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER.		IDITION GIVE	WERE FIND	NGS USED
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orked or Item 18 shows ony injury, or other troumotic e	MEDICAL CERTIFICATION	gove rise to immed couse (O), stoting underlying couse  PART 2 OTHER SIGN IF  19a DATE OF OPERATIO  21a, ACCIDENT WAS UNDER OR CONTRIBUTING CAU	Which diote the lost.  CICANT CON  ON  UVING JUSE OF DEATH  EXAMINER)	DUE TO, OI  (b)  DUE TO, OI  (c)  IPB CONDI  21b TIME O  HOUR A.  21e PLACE	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	DEATH BUT H OPERATIO	NOT RELATED TO THE TER.	AINAL DISEASE OR CON  280 AUTOPSY?  YES \( \text{NO \( \text{X} \)}	206. IF YES, IN CERTIFY YES	WERE FINDI	INGS USED S OF DEATH
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### STATE OF MARYLAND

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DEPARTMEN	TO	F H	EALTH	AND	MENTAL	HYGIENE	
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ı	3.5EX		4. F	RACE		5. DATE O	F BIRTH	1	6 AGE (IN YEARS I	AST BIRTHDAY)	MONTHS.	ER 1 YEAR	IF UNDER 24 HOURS	HR5
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,	CERTIFICATION	190 DATE OF OPE	ERATION	196 CONDI	TION FOR WHIC	H OPERATION	N WAS PERFO	RMED	200 AUTOPSY		ERTIFYING			?
	RTIF			1					YES NO		YES 🗌		NO 🗌	
	170	OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME O HOUR A.	h injury M. Month [	DAY YEAR	71c HOW IN	IJURY OCCURR	ED (ENTER MATURE)	OF INJURY IN ITE	M 18 PART I OR	(PART 2)		
1	MEDICAL	71d INJURY OCC	MEDICAL EXAMINER)	P./ 21e PLACE (		19	21f LOCATIO	ON						
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		above, (1) (w	eased alive an e) (did) (did nat) v	new the body	otte death.	0		(our) opinion d	death accurred an	the date an				:d
		275. SIGN ATTURE	$(\mathcal{M})$	106	/		DEGREE	ATTENDING	MEDICAL	STAFF	22	2c. DATE S	SIGNED	07
,		514 P#10775-114	0	ACC	COLL	10		PHYSICIAN (	DIRECTOR P			1-	10-9	
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IMPORTANT, If them 21 is

FUNERAL DIRECTOR

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Marie de marie de Marie (Sel Israel

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic or and so should be detached for use as the burial-transit permit. Then please remove corban papers Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

060891

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 87-18551

28	87 FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	18551
	I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY OYEAR 26 HOUR
	FRANCI	S WARREN	KLOCK	July 22, 1	987 3:45 A
3	3. SEX Male	White	S. DATE OF BIRTH May 11', 1927	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
7	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED MEVER MARRIED	9. BALTIMORE CITY OR COL	JNTY OF DEATH
	10. CITY OR TOWN OF DEATH  Cumberland	11. NAME OF HOSPITAL, NURSII  (IF NOT IN SUCH FACILITY, GIVE STREE  Memorial Hospi	tal	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Press Operation	126 KIND OF BUSINESS O
3	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COULD Maryland Alle		vn 13d. INSIDE CITY LIMITS?  Pland YES □ NO 🛛	Rte. 6, Box	
2	Leroy	Klock Klock	15. MOTHER'S MAIDEN NO Irene	MIDDLE	Eckloff
1	(160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECTION 1		ADDRESS ed C. Klock -	- same as abov
7	PART 2 OTHER SIGNIFICANT (  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING		DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. I	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
and the	OR COLUMNIC TO CAUSE OF OR		21c. HOW INJURY OCCUP	YES NO	YES NO
	UF EITHER NOTIFY MEDICAL EXAMINE  21d IN JURY OCCURRED  WHILE  AT WORK  AT WORK	P.M.  21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE.	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased alive on	ital) attended the deceased from	, and that in (my) (aur) opinion	, to, to	hour and from the couses stated
	22b. SIGNATURE	Destomo		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 7/22/87
	Dr. S. Gupta	a	22e ADDRESS 69 G Cumb	reene Street erland, MD 2150	)2
2	230 BURIAL, CREMATION, REMOVAL Burial		NAME OF CEMETERY OR CREMATORY OCKY Gap Vet.Ce	23d LOCATION CITYORTOWN Med Flintstone	e Allegany MD
	24 FUNERAL DIRECTOR				O TITL O BOILLY ITEM

SHARMAN AND AND SHARM

	oy be	ooge 3	
	TO HOSPITAL OR ATTENDING PHYSICIAN, The law is quires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hotalital or attending physician.	10 FUNERAL DIRECTOR. After this certificate nature is gived by the ottending physicion and completely filled in by the fuperal director, page 3 though the state of the second property	0
U	r deoth.	fuperoll ithin 72 h	do o popo
1201	ours ofte	in by the	the medical examiner must be notified
YLAND 2	thin 24 h	ely filled	mer must
RE, MAR	ecuted w	completes 1 of d	col exom
ALTIMO	te be exe	icion ond pers. Poge ol.	the medi
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	certifico	ding phys	tic event,
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SION OF	PHYSICIA ending p	this certific to the burial of Menta	dochem
DIVI	SNOWG SI or at	R. After use os fi Health or	is marke
	TO HOSPITAL OR ATTENDING PHYSICIAN The law retained by the hospital or otherwing physician	10 FUNERAL DIRECTOR, After this certificate national signed by the ottending physici though the detected for use as the bindintal permit then please remove corbon poper with the State Dept. of Health and Mental Hygeric profit to buriol, cremotion, or removal.	IMPORTANT II ham 21 is marked at hem 34 shaws any shury, or other troumotic event, the medical examiner must be notified or office
	DSPITAL rd by th	UNERAL d be det he Stote	STANT
	0 1	04	MPO

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8 4 th JUL 2	B187FOR STATE - REGISTRA	R	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	LIII OILIIL	18552		
moy be r poge 3	1. DECEASED NA (TYPE OR PRINT)	ME FIRST JOHN	WALTER	KOELKER		MONTH DAY YEAR IN HOUR		
4 00	3. SEX male		4 RACE white	5. DATE OF BIRTH  MONTH  07-20-1900  YEA	6. AGE (IN YEARS LAST BIR			
deoth. Poge unerol direct hn 72 hours	70. BIRTHPLACE COUNTRY)	(STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY  USA	? 8 MARRIED ☒ NEVER MARRIEI WIDOWED ☐ DIVORCEI		R COUNTY OF DEATH		
by the further d	10. CITY OR TOW		11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STRE  Memorial Hosp		N 120 USUAL OCCUPATION	ON 126. KIND OF BUSINES:		
filled in noud be in must be	USUAL RESIDENT 130. STATE MD	CE (IF NURSING HOME OR 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)	175? 13e.STREET ADDRESS / 214 Cec	zip.code elia Street/21502		
ompletely for old Zsho	14. FATHER'S NA/		Middle Koelker	15. MOTHER'S MAIDE	Charlotte			
te be executed icion and compers. Pages 1 on 1.5.	160 WAS DECEAS		MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 214-05-		inia H. Koelke	r, Cumberland, MD		
actives that the death ce gned by the attendin in please remove corb in burial, cremation, or	gove rise couse (o underlying PART 2. OI		DUE TO, OR AS A CONSEO  (b)  DUE TO, OR AS A CONSEO  (c)  CONDITIONS CONTRIBUTING TO	Wrinary +	ract Infection	8		
(N) 12	RTIFIC	FOPERATION		H OPERATION WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO		
G PHYSKIAN strending physic er this certificate the buriotirans and Memal Hyg ked or frem 18 at	OR CONTRIBI	NT WAS UNDERLYING UITING CAUSE OF DEA COTIFY MEDICAL EXAMINER OCCURRED  NOT WHILE AT WORK	HOUR A.M. MONTH	19 211 LOCATION	CCURRED (ENTER NATURE OF INJUR			
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HOSPITAL OR AND THE BY THE BUNERAL DIRECTOR AND THE GROOM THE STORE DEPOSATE OF THE STOR	22b. SIGNA	Jung Hans NAME (17)	6 MD	DEGREE  MO ATTENDE PHYSICI  1226 ADDRESS	IAN DIRECTOR PHYSIC	IAN [ ///7/8/		
O HOSPITA ettined by 10 FUNERAL thould be de with the Stots		Or. Sunil	K. Gupta	69 Greene Street Cumberland MD 21502				
BP	ACDE CHENN	MATION, REMOVAL Urial		NAME OF CEMETERY OR CREMAT Augusta Cemetery	10RY 23d LOCATION CHYOR TOWN AUGUSTS	a Hampshire WV		
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRI		alli Cumberland	d MD 23.502		256 REGISTRAR'S SIGNATURAL		

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STATE OF MARYLAND

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DIVISION OF VITA	

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TO THOUGH SHOULD BE ALL OF LORIDON OF DEATH    TO THOUGH SHOULD OF THE MARKED	mo)
18 BRITHPIACE   STATE OF ORDER   1/2 CITIZEN OF WHAT COUNTRY?   1/2 ARRIVED   NEVER MARRIED	ge 4
DETROIT ME AND OF BASH IN NAME PROPOSED	2 22 180
10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL NURSHING HOME OR OTHER INSTITUTION  11. SETTING OF BUSINESS OF POPULATION  11. IN NAME OF HOSPITAL NURSHING HOME OR OTHER INSTITUTION  11. IN NAME OF HOSPITAL NURSHING HOME OR OTHER INSTITUTION  11. IN NAME OF HOSPITAL NURSHING HOME OR OTHER INSTITUTION  11. IN NAME OF HOSPITAL NURSHING HOME OR OTHER INSTITUTION  11. IN NAME OF HOSPITAL NURSHING HOME OR OTHER INSTITUTION  11. IN NAME OF HOSPITAL NURSHING HOME OR OTHER INSTITUTION  11. IN NAME OF HOSPITAL NURSHING HOME OR OTHER INSTITUTION  11. IN NAME OF HOSPITAL NURSHING HOME OR OTHER INSTITUTION  11. IN NAME OF HOSPITAL NURSHING HOME OR OTHER INSTITUTION  11. IN NAME OF HOSPITAL NURSHING HOME OF WORK FOR ACTION WORK FOR ACTION  11. IN NOTICE AND IN NAME OF HOSPITAL NURSHING HOME OR OTHER INSTITUTION  11. IN NAME OF HOSPITAL NURSHING HOME OR OTHER INSTITUTION  11. IN NAME OF HOSPITAL NURSHING HOME OR OTHER INSTITUTION  11. IN NAME OF HOSPITAL NURSHING HOME OR OTHER INSTITUTION  11. IN NAME OF HOSPITAL NURSHING HOME OR OTHER INSTITUTION  11. IN NAME OF HOSPITAL NURSHING HOME OR OTHER INSTITUTION  11. IN NAME OF HOSPITAL NURSHING HOME OF HOSPITAL N	1,25/
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14 FATHER'S NAME   MODIE   LAST   15 MOTHER'S MAIDEN NAME   MIDDLE   MIDL	Pled h
PART I. DEATH WAS CAUSED BY:    MODIE   LAST   FIRST   MIDDLE   LAST   FIRST   MIDDLE   LAST   LAS	shot shot
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APPROXIMATE INTERVAL  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  BE	nd o
PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a)   DUE TO, OR SONSEQUENCE OF   MOUNT   MEDIATE CAUSE (b)	S. Po
Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  19a. Date of Operation  19b. Conditions for which operation was performed  20a. Autopsy?  20b. If Yes, were findings used in Certifying Causes of Death?  Yes   No   Yes   No    21a. According was underlying   Cause of Death (In Either, Notify Medicial Examiner)  P.M. 19  21d. Injury occurred  21e. Place of Injury  11d. Injury occurred  21e. Place of Injury  21d. Injury occurred  21e. Place of Injury  21e. Place of Injury  21e. Place of Injury  21e. Pl	physici onpoper emaval.
NO LATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO 20a AUTOPSY? 21b. TIME OF INJURY  HOUR A.M. MONTH DAY YEAR  (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED 21b PLACE OF INJURY  11d. INJURY OCCURRED 21c PLACE OF INJURY  12d. INJURY OCCURRED 2	of the death ce r the atlending cremation, or r
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230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION	01 04 3
BP Burial 8/2/87 Machpelah Cemetery Ferndale Michiga	BP
DHMH- 16 60M 7/84  24 FUNERAL DIRECTOR Leasure-Stein Funeral Home, Industries Design Registrar Stignary Registrar Registrar Stignary Registrar Regis	DH44H 14 4044 7 /0 4
DHMH-16 60M 7/B4 (VRA 15, 4)  24 FUNERAL DIRECTOR Leasure-Stein Funeral Home, In CAUG 5 987  Leisure Stein Fun. How Cumberland, MD  26 isure Stein Fun. How Cumberland, MD	

07/84 25M

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	REG. NO	O			
8	KNOWNX ESTI-	MOI	NTB DAT	YEAR	2b ,
TH	MATED [	7	28	1987	1

1.00	CE LEED ILL	E FIRST								0	REG. NO.			
	CEASED NAME OR PRINT)	E PIKSI		WIDDLE		L	AST			DATE KN	XNWO	MONT	DAY YEAR	26 HOUR
		JOHN		Rich	hard	LA	WSON			OF E	ATED	7 2	8 1987	1 M
3 SEX		4. RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEAR		DER 1 YR.		R 24 HRS	2c. DATE		HINOM	DAY YEAR	2d HOUR
Ma	16	White	Aug. 5,		17 YRS	Morning	DAYS	HOURS .	MIN	PRONOUNCE DEAD	D	7 2	8 1987	1:23
To BI	RTHPLACE (S		76. CITIZEN OF WH	AT COUNT	RY?	8	D NE	15.0	NED 17	9 BALTIMOR	E CITY OR			
PA	REIGN COUNTRY)		US	7\		WIDOWE	-		CED D	A112	gany (	Count	7.7	5
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	Cumber]	and	Memoria]						FOR.	MOST OF WORKING	G LIFE)		OR INDUST	RY
			OR OTHER INSTITUTION, GIV			N)			Lax	orer_		Farm	/Truck	<u>ing</u>
13a. S1	TATE	13h COUN	YTY	13c. CITY O	ORTOWN					EET ADDRESS				
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_	lliam				Daniels			rley					Lawso	n
160 V	VAS DECEASE	DEVER IN U.S. AR	MED FORCES?		IAL SECURITY		17. INFORA	TUAN		ro	utes1	, Box	: 115A	
No				213-8	86-2705	5	Shirl	ey I	awsor		ciden			0
	18 CAUSE C	OF DEATH (Enter or	nly ane cause per line	far (a), (b),	and (c).)								APPROXIMAT BETWEEN ONSE	EINTERVAL
	PARTID	EATH WAS CAUSE	D BY: TE CAUSE (a)	Multi	ple in	inri	25						SETWEEN ON SE	TAND DEATH
-	X 62	O IMMEDIA			SEQUENCE O		-							
-	Candidia	ins, if any, which		AS A CONS	SECUENCE O	r								
		ise to immediate												2.3
	cause (a	) stating the under		AS A CONS	SEOUENCE O	F								
	lying ca	use last.	1											
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OIT	19a DATE OI	OPERATION	19h CONDIT	ION FOR W	VHICH OPERA	JION WA	S PERFOR	MED?					20 AUTOPSY	2
CERTIFICATION								- the ser i						
RT	21a EYTEDNI	AL CAUSE WAS	21b. TIME OF	INLILIDY		111. 110	AAT IN LILIEN	OCCUPA	FD 4	NATURE OF INJURY			YES 🗓	NO [
					DAY YEAR									
MEDICAL	CONTRIBUTI	NG CAUSE OF	HOUR 30.M.	7-27	7 <del>-</del> 1987	<u>  Dri</u>	ver o	f pi	ck-up	truck,	/fixed	d obj	ect im	pact.
ED	21d INJURY		21e PLACE C	OF INJURY		211 LOC	ATION			CITY OR TOWN				
Σ	WHILE AT WORK	NOT WHILE [	roa	_	- }		Germa	nv R	d. No			Garr	ett.	MD
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	22a I cert	ify that I taak char	ge of the remains desc					Inspection	an L.	Inquiry L	_ and	in my apini	ian	
	death result	ted fram Natu	oral causes	Accident	X Suic	de 🔲	Hamic	ide 🔲	Undet	ermined manni	er .			
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)	SIGNATURE	AV	1 XX	_		M.	. <u>Depu</u>	ty C	nier	ICAL EXAMIN	R	DATE SIGNED.	7-28-	8 /
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23a.BL	DEC IEY!	TION, REMOVAL	_	23c N	AME OF CEM				123d. LC	CATION				TATE
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24 FL	INERAL DIREC	CTOR _	7,5					250. DATE	REC'D. BY	REGISTRAR	25b. REGIST	RAR'S SIG	NATURE	
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1			FOR						EALTH AND MENTAL H	YGIENE			
0	60109	JU	2 BER	TRAR CUI	mber1	and, Md	. 21502	CERTIF	ICATE OF DEATH	REG	NO.	8 5	m 6
			DECEASE	DNAME	FIRST		MIDDLE	1	AST .	2a. DATE OF DEATH	HTMOM 1	DAY YEAR	26 HOUR
	oy be	11	E OR PRIM	An	na	. 1	lary	L	ease	July	11,	<b>1987</b> √	05:30A
	2 2 9	4	SEX			4. RACE		5. DATE C		6 AGE (IN YEARS LAS	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	age &		Fema			White		Dece	mber 1,1906	80	YR:	S	
	P P P P P P P P P P P P P P P P P P P	12	a BIRTHPL	ACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTR'	Y? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CIT	_		
		-	Mary			U.S.A.		WIDOWE	DIVORCED [	Allegai			MD.
	10 11 11	7	0 CITY OR	TOWN OF DEA	TH	11. NAME OF I	HOSPITAL, NURS	SING HOME (	OR OTHER INSTITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MO		G LIFE) INDUSTRY	OF BUSINESS OR
201	4 4	gal.		erland			d Heart		al	Homemake	r	Но	ome
121	hov d be	00	JOUAL RES 30. STATE	IDENCE (IF NURS	13b COUN	OTHER INSTITUTION.	134. CITY OR TO		13d INSIDE CITY LIMITS?	13e.STREET ADDRES	SS / ZIP CC	ODE	
NA NA	2 13 3	9	Mary		Alle	egany	Cresapt	.own	YES NO	Lillian	Drive	/ 21502	
8 X	1 120	17	4. FATHER	S NAME FIRST		WIDDIE	LAST		15 MOTHER'S MAIDEN N	MIDDL	Ε	LA:	ST
A.A.	7 7/	$\mathcal{U}$	A	lbert	Ċ	James	McKen	zie	Alice	Mari		Rob	oison
SE.	the co			OR UNKNOWN)		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	AD	DRESS		
IW	9 00 9		N			_	212-74	-2415	James L. Le	ase - Cresa	ptown	, Maryla	nd 21502
3AU	# / E & T €	١Г	18 C.	AUSE OF DEATH	H (Enter an	ly ane cause per	line far (a), (b),	and IC's	/	1/4	-	APPROX BETWEEN	XIMATE INTERVAL ONSET AND DEATH
15	1 1 1 1 1	1			IMMEDIAT		NOSTAG	2 C	macstive A	seart Fr	TILUR	20	
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EST	deat other from aum	- 1	Con	ditions, if any,	which	(4)_	HUDER	TENSI	e (Arde	EVASCULA	DV	eare	
8.	1 1111		caus	re rise ta imn se (a), statin	g the	DUE TO, O	R AS K CONSEC	UENCE OF					
*	thot d by al. cr	- 1	und	erlying cause	last.	(c)_							
5. 30	ding of the big			2 OTHER SIGN	NIFICANT C	ONDITIONS CO	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR C	NOITION	GIVEN IN PART 1	a
DIVISION OF VITAL RECORDS.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	$\dashv$	INCATION 190 D	ATE OF OPERAT	IAON	TINK COND	ITION FOR WHI	CH OBERATIO	N WAS PERFORMED	20g AUTOPSY?	205 16	YES, WERE FINDI	NICCHISED
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TAL	五日 五日日奉	2	5	ACCIDENT WAS UND	ERIVING [	1 21b. TIME C	F INTERV		21c HOW INJURY OCC	YES NO		YES	NO 🗌
5	Physical Phy	0	OPC	ONTRIBUTING C				DAY YEAR	THE HOW MAJORI OCC	OKKED (ENIER NATURE OF	NJURTIN HEM	ID PART OR PART 2	
z	35	7	~ .	NJURY OCCUR		P. P. PLACE		19	211 LOCATION				
55	新	1	WHIL				REET FACTORY OFFIC	E FARM, ETC )	STREET	CITY O	RTOWN	COUNTY	STATE
2	After of the state		-				1			87 to July	, 11	10.87	
	表す 発 まま 王			certify that (1)		T 7	4 4	07	and that in (my) (aur) apinio	, .0			that (I) (we) last
-	A P P P P P P P P P P P P P P P P P P P		326.3	sow the decease above, (I) (we) (c	ligh (did no	t) view the body	after death.		DEGREE	-			E SIGNED
	A E See			1/1/1/	E. Clas	124	1 Jano	Mun	ATTENDING	EDICAL S	TAFF	7-1	487
	HAT THE	-	224 8	MYSICIAN'S NA	ME CONT	100	100301	9/1/11)	PHYSICIAN 22e ADDRESS	DIRECTOR   PH	SICIAN [	1/-1	rol
	O HOSPITAL Trained by H O FUNERAL hould be det with Store	11	1000	error and the second account of the field of	Commence of the Commence of the	lel Vela	mdla		924 Seto	n Drive Cum	berla	nd, Md.	21502
	DA DAN	+	3a BURIA	L, CREMATION,	1		W.	NAME OF C	EMETERY OR CREMATOR	Y 236 LOCATION			
	BP		(SPECIFY	()	KEMOTAL	7-13-8				CITY OR TOW		legany-M	STATE
		1	Bur 4 FUNERA		70075~				rose Cemeter	ATE REC'D. BY REGISTE			
	DHMH - 16 60M 7/ (VRA 15, 4)	'B4	N	AME				,	me, P.A.	JL 20 1987	A feet	100 X	
	(*KM 13, 4)	L	202	Greene	stree	t-cumbe	riand, l	varviar	IQ 21302	9 1001	A Townson	phone you	The Contract

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STREET TENT

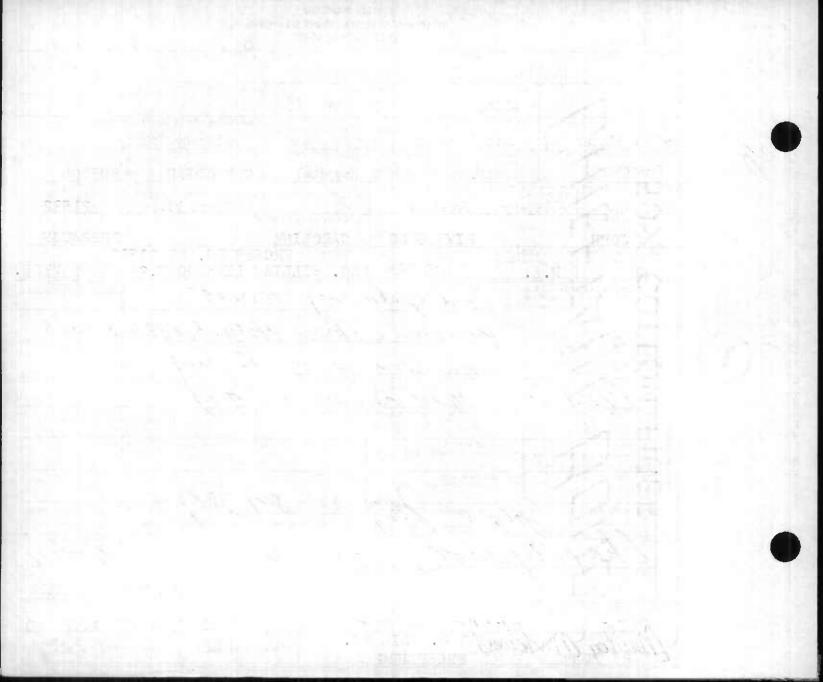
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059679 30	1	FOR STATE			DEPART	MENT OF H		MENTAL HYG	IENE			
0.000 01 0 00	10	REGISTRAR					ICATE OF I	DEATH		REG. NO.	8 5	5 /
1		CEASED NAME OR PRINT)	FIRST		MIDDLE		AST		2a. DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3. SE.			4 RACE		5. DATE C		YEAR	6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAT	
3 95		Male		White	2	MONT	14	ďŹ	84	YRS		
1 10 2 29		RTHPLACE (STATE OR F COUNTRY)  ted States			what country? ed States	MARRIE	D X NEVER	MARRIED		city <u>or</u> coun gany Col		MD.
TO THE PERSON NAMED IN COLUMN TO THE	10. C	TY OR TOWN OF DEA	ATH	(IF NOT IN SUC	HOSPITAL, NURSII	ADDRESS)	R OTHER INS	TITUTION	12a USUAL OCC	CUPATION R MOST OF WORKING	12b. KINE INDUSTE	O OF BUSINESS OR
Filled house of mys.		AL RESIDENCE (IF NURS STATE Lryland		OTHER INSTITUTION	GIVE RESIDENCE BEFOR 13c. CITY OR TOV Frostbu	E ADMISSION)	13d INSIDE C		13e.STREET ADD		DE	21532
MARYL bed within	14. FA	THER'S NAME FIRST  JOHN	,	MIDDLE	LIVENG	OOD		S MAIDEN NAMER STREET OLINE	ME M	IDDLE		BAUGH
IMORE,		VAS DECEASED EVER YES, NO OR UNKNOWN) NO	(IF YES, GIVE	MED FORCES? E WAR OR DATES)	214-01-		MRS.	ANT FRO	STBURG M LIVE	NGOOD.	1532 94 FRC	ST VILL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hour cattending physician.  The this certificate has been stand on the an ading physician and completely filled I but star bis cardiotransis permit. Then that and Mental Hygiene prior to busial crematics or removal.  The and Mental Hygiene prior to busial crematics or removal.  The and Annual Schows Shy injury, or cellent that are controlled by the medical examinet mystored as them.	MEDICAL CERTIFICATION	18. CAUSE OF DEAT PART I. DEATH W  Conditions, if any, gave rise to imm couse (o), stofin underlying cause  PART 2. OFFER SIGNATURE DECEMBER MASSURE DECEMBER MASSURE DECEMBER MASSURE DECEMBER MOTE A MEDIT MASSURE DECEMBER MOTE DECEMBER DECEMBER MOTE DECEMBER MOTE DECEMBER MOTE DECEMBER MOTE DECEMBER DECEMBER MOTE DECEMBER MOTE DECEMBER DECEM	which nediote g the lost.  NIFICANT COMMENTAL	DUE TO, O  DUE TO, O  CONDITIONS CO  I'VE COND  THE TIME CO  HOUR A	RAS A CONSEQUENCE OF INJURY	ENCE OF ENCE OF DEATH BUT	WAS PERFO	C T DRMED!	ED (INTERNATURE	END TO THE CERT OF THE PARTY OF	GIVEN IN PART  VES, WERE FIN  THEY ING  A PART I ON PART  4 PART I ON PART	DINGS USED SES OF DEATH? NO []
TO HOSPITAL OR ATTENDING PH retained by the hospital or ottend TO FUNERAL DIRECTOR. After this should be detached for use as the k with the State Dept. of Health and J IMPORTANT: If Hern 21 is marked a	ME	WTRI   INCT ON AT WORK   INCT	(this hospited alive again) (did/hot	not offended the view the body	met raction ornics	John J.	d that in (my)	19 Si (our) opinion of ATTENDING	MEDICAL DIRECTOR	STAFF PHYSICIAN []	12t. DA	967
0 € 5 € ¥ ₹	23a. E	BURIAL, CREMATION,	_	23b. DATE	23(.	NAME OF C	EMETERY OR		23d. LOCATIO	N		
BP DHMH - 16 60M 7/84 (VRA 15, 4)	7	JRIAI	11:3	7/11 Journ HOME	/87 F 60 W ADDRESS FROST	MAIN	BURG M	EM PAI		TBURG	ALLEG ISTRAR'S SIGN	



	FOR		D	STAT		ARYLAN AND ME		YGIEN	IE			
	STATE REGISTRAR		MED	ICAL EXAMIN	ER'S C	ERTIFIC	ATE O	F DEA	ATH REG.	NO.		
	EASED NAME	FIRST		MIDDLE		LAST		Ö	20 DATE KNOWN OF ESTI-		DAY YEAR	2h HOUR
(,,,,		Madeline Mary Lloyd DEATH MATED X 07-										
3. SEX		4. RACE	5. DATE OF BIRTH MONTH DAY	6. AGE (IN YEAR LAST BIRTHDA			FUNDER 2	24 HRS.	2c. DATE PRONOUNCED	MONTH	DAY YEAR	24 HBUR
	male	white	10-18-1			DAIS	HOOKS	Mila	DEAD	07-0		a M
Ja. BII	RTHPLACE (ST REIGN COUNTRY)	ATE OR	7b. CITIZEN OF WH	AT COUNTRY?	8. MARRIE	D X NEV	ER MARRIE	D 🗆	9. BALTIMORE CIT	_	OF DEATH	
10.00	MD		US		WIDOWI		DIVORCE		Alleg			MD.
		erland	(IF NOT IN SUCH FACE	ITAL, NURSING HOME, UTY, GIVE STREET ADDRESS) Seymour Str	eet	R INSTITUT	ION	FOR.	UALOCCUPATION ( MOST OF WORKING LIFE) OUSEWITE	TYPE OF WORK 12	OR INDUSTR	Y
USUA 130. S1		13b COUNT		RESIDENCE BEFORE ADMISSION 130. CITY OR TOWN Cumberlan	·	13d. INSIDE CIT Yes 🔀	Y LIMITS?	13e. STR 42	eet address 2 Seymour	Street	/21502	
14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER	R'S MAIDE	NAME	MIDDLE		LAST	
		Anthony	Clay					М	ary Potts		w.w/I	
16a. W (YE	AS DECEASED	EVER IN U.S. ARA		16b. SOCIAL SECURITY		17 INFORM			ADDRE			
	no			213-74-484	7	Mr. Ha	arry L	_loy	d, Cumber]	Land, MD	) – husl	pand
	18 CAUSE OF	DEATH (Enter and	one cause per line f	or (a), (b), and (c).) Myoca	rdia	Infa	rotic	ייי			APPROXIMATE BETWEEN ONSET	
		IMMEDIAT				r TIII O	110010	)   (				
	Candition	s, if any, which	DUE TO, OR A	S A CONSEQUENCE C		leroti	o Hoo	n+	Disease			
		e to immediate stating the under-	(b)	S A CONSEQUENCE C		reinci	.C Hea	11.1	DISEase			
	lying caus		(c)	3 A CONSEQUENCE C	'r							
NO	PART 2 OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE	OR CONDITION	GIVEN IN PAR	Tlo.				
MEDICAL CERTIFICATION	190. DATE OF	OPERATION	196 CONDITI	ON FOR WHICH OPER	ATION W	AS PERFORM	NED?				2D AUTOPSY?	
ERTI	210 EXTERNA	CAUSE WAS	21b. TIME OF I	NILIRY	1214 HO	W INTITIPY	CCLIPPED	\ (ENITED	NATURE OF INJURY IN ITEM	IR DART LORDARY	YES 📙	но 🗶
AL C	UNDERLYING		HOUR A.M.	MONTH DAY YEAR	711110	W 11430K1 (	JCCORRED	) (EIGIEK	INTOKE OF WOORT IN TEM	TO PART TOR PART	1)	
EDIC	21d INJURY O	CCURRED	21e PLACE OF	INJURY (AT HOME,	21f LOC							
W	AT WORK	NOT WHILE C	STREET, FACTO	RY, FARM, ETC.)	ST	REET			CITY OR TOWN	COUNT	TY	STATE
	22a   certif	y that I taak charge	af the remains descr	ibed above, held an	Autops	у 🔲 .	Inspection	X	Inquiry X	and in my apini	ian	
-	death resulte	d fram: Nature	al causes	Accident, Suid	ide,	Hamici	de 🔲	Undet	ermined manner	],		
	ACTUAL SIGNATURE,_	Pious	Meso	trange	lom.	TITLE (SP	PJ. >	MED	KAL EXAMINER	DATE SIGNED.	7/8/	87
	EXAMINER'S I (TYPE OR PRIN	NAME Giova	anni Mastr	aNGELO		DDRESS	())	Seto	n Drive, (	Cumberl	and,Md.	21502
23a, BL (SI	JRIAL, CREMAT	ION, REMOVAL 23		23c. NAME OF CEM				23d. LC	OCATION ORTOWN	COUNTY	STA	ATE.
24 51	BU INERAL DIRECT		7-11-1987	St. Mary	s Cer				Cumberland		jany Mi	)
24. FU	NAME		ADDRESS	1 7 1 1				1 7	REGISTRAR 25b. RE	GISTRAR'S SIG	NATURE	
	James	r. Scar	pelli, Cur	mberland, M	D 21:	502	JUL	10	1001 Aug	- Portal		

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		oge 4	rector, urs oft

FOR STATE

100	STATE OF MARYLAND
DEPARTMEN	OF HEALTH AND MENTAL HYGIEN
C	RTIFICATE OF DEATH

REGISTRA	K.			4211111	TORIL OF BEATTI		REG. NO	D. [	0 *	1/4
1 DECEASED NA	ME FIRST	M	IDDLE	ŧ	AST	2a D	DATE OF DEATH	HINOM	DAY YEAR	26. HOUR
) 01	RALPH			L	ONG	Ju	1v 31,198	37	100	3:15P
3 SEX		4 RACE		5. DATE C			GE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 H
Ma.]	e	White		Jan	. 10, 1905	R	82	YRS.	AONTHS DAYS	HOURS M
	( STATE OR FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	8		9. BA	ALTIMORE CITY OF		OF DEATH	
Mary]	and	USA		WIDOWE	D NEVER MARRIED  DIVORCED	A	11egany			
10. CITY OR TOW				IG HOME C	OR OTHER INSTITUTION	N 12a I	USUAL OCCUPATION			F BUSINESS
Cumber 1a	ınd		al Hospi				e of work for most of tired	F WORKING LIFE	Text	110
USUAL RESIDEN	CE (IF NURSING HOME O	ROTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)				•		
Marylar	nd Alle		13c. CITY OR TOW		13d. INSIDE CITY LIMI		618 W. 1		2	1502 lvd.
1. FATHER'S NA		Barry	Jambel	-611G	15. MOTHER'S MAIDE		OTO N.	Indus	TTAL B	LVQ
FIRS		MIDDLE	LAST		FIRST		WIDDLE		LAS	T
160 WAS DECEA	William SED EVER IN U.S. AI		166 SOCIAL SECU	IRITY NO	Nancy 17 INFORMANT	y G. M	C Ginnis	ŠS		
(YES, NO OR UN		VE WAR OR DATES)	214-05-6			J. T.		.1 - · · · 3	Ma	
					Miss Wild	la Lon	g. Cumber	rland,		MATE INTERVAL
18. CAUSE PART I.	OF DEATH (Enter a DEATH WAS CAUSI	nly one couse per l D BY:		-						MATE INTERVAL ONSET AND DEA
	IMMEDIA	TE CAUSE (a)	Je	DSID					10	ay,
1 1		DUE TO, OR	AS A CONSEQUE	ENCE OF	. \/				- 4	
	s, if any, which	( tb)	AZ	mai	twon In	eun	onia		20	ays,
	e to immediate	DUETO	AS A CONSEQUE	ENICE INE			3 4			1
underlyin		100210,08			o variules	AE	ecden	1	2 4	reeles
PART 2 O	THER SIGNIFIC ANT	CONDITIONS CO		7	NOT RELATED TO THE	TERMINAL	DISEASE OR CONT	DITION GIV	EN IN PART 14	0
	ex oroxxx registr			DEMIN DO !	TOTRECATED TO THE	LEKMONAL	DIOCAGE ON COINE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Eri mil Alli III	
19a DATE (	OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20	auTOPSY?	20b. IF YES	, WERE FINDIN	NGS USED
표						V	ES   NO	IN CERTIF	YING CAUSES	
Zin ACCIDE	NT WAS UNDERLYING	216, TIME OI	FINJURY		21c HOW INJURY O					NO [
	SUTING CAUSE OF DE		M. MONTH DA	AY YEAR		(	EIVER IVALUE OF TAXON			
(IF EITHER	NOTIFY MEDICAL EXAMINE	· · · · · · · · · · · · · · · · · · ·		19	AN LOCATION					
<u> </u>	YOCCURRED	21e PLACE C	OF INJURY EET, FACTORY, OFFICE F	ARM, ETC )	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
NHILE AT WORK	NOT WHILE AT WORK									
	fy that (1) (this hasp					, t	10	,	19	that (I) (we)
saw t	he deceased alive of , (I) (we) (did) (did	ot) view the bady	after death.	, 0	nd that in (my) (aur) op	pinian death	occurred on the do	te and hou	r and from the	couses stated
22b. SIGN		^	1		DEGREE				IN DATE	SIGNED
	10	tal 1	16000	D	ATTENDI	ING ME	DICAL STAF	F	77	100
22d. PHYS1	CIAN'S NAME (TYPE	OR PI	-		22e. ADDRESS		C.t.	,	10/	101
D.,	Common	()			22e. ADDRESS	Greene	Str.	E02		
	MATION, REMOVAL	123b DATE	799. 4	NAME OF C	EMETERY OR CREMAT		d, MD 21.	302		
(SPECIFY) Buri	MATION, REMOVAL						CITY OR TOWN		COUNTY	STATE
		8-4-	1907 H	lllcr	est Burial	Park	Cumber	Land,	Allega	ny. Md
24 FUNERAL DIR	James T	o	ADDRESS		21502 13	ALIFE	7 6 1987 AR	ZSK REGIST	HAR'S SIGNA	REdass
	James F.	carpell	i, Cumbe	rland	. Md.	11000	, 0 .501			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr

A Land E. Sonroll, Contracted and

y b		WILLI	AM			MANGER	July 6, 1	1987	P
a di p	3. SE		4 RACE		5. DATE (		6. AGE (IN YEARS LAST BIRTH		
ge 4	1	Male	White		2	10 1903	84	YRS. MONTHS DATS	HOURS MIN.
4 17		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.		9 BALTIMORE CITY OR		
1 1 图 35		Maryland	USA		WIDOW	D NEVER MARRIED DIVORCED	ALLEGANY		
1/ 1		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N 12b. KIND	OF BUSINESS O
1 1 1 5 C	C	mberland		CH FACILITY, GIVE STREET		(adias) Canta	(TYPE OF WORK FOR MOST OF V		
hou	USU.	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	redical Cente	Pres. Meat		000.
ND 24 h		PA 13b. CO	UNTY	13c CITY OR TOWN	N	136. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 2		rd/119
RYLAND vithin 24 etely fille 12 should		ATHER'S NAME		Bedford		YES NO	Route 3. B	ox 449 P	A 15522
	19. 77	FIRST	WIDDLE	LAST			MIDDLE	1/	AST
Comple	W	Illiam	Henry	Manger		Wilhemina		Feurh	erd
AORE, and coand coages I edical		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRES	te 3, Box 4	49
Poor Poor		NO OR UNKNOWN) (IF YES,		216-09-3	3681	Mrs. Kathle	an manuer	edford PA	15522
BALTIMORE cote be executable. Spicion and coppers. Pages val. The medical		18 CAUSE OF DEATH (Enter	only one couse per						XIMATE INTERVAL
; if 400 p		PART I. DEATH WAS CAU	ISED BY:	UTT	-	am n	ung new	ses !	
N ST certi certi rban rren tic ev		IMMED		1-2			1		
he death or he attendin matian, ar r traumatic		Conditions, if ony, which	DUE 10, 0	RAS A CONSEQUE	-	1 millo	110		
PRE of the of th		gove rise to immediate	) (6)—	255		7			
W tt ce		couse (a), stating the underlying couse last.	DUE TO, O	R AS A CONSEQUE		orne	un no l	2	
201 ned b pleas urial,		DADI O OTHER SIGNASIONAL	(c)				200,000		
	z	PART 2. OTHER SIGNIFICAN	I CONDITIONS CO	ON I KIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	TION GIVEN IN PART 1	10
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir ratending physician bein sig sos the burial: anni men mithen th and Mento Hygania print to b orked or Item.	CERTIFICATION	19a, DATE OF OPERATION	TION CONTO	IT ION FOR WHICH	ODERATIO	N WAS PERFORMED	20 AUTORSV2	and IF VES WERE SIND	IN COC LICED
SE S	5	178. DATE OF OPERATION	176 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20b. IF YES, WERE FIND IN CERTIFYING CAUSE	
A STATE	1 ₹						YES NO	YES	NO 🗌
> z } } !!! ()		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME C	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	
ON OF HYSICIA ding p is certif burial- Menta	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMI		M.	19				
PHY ndir ndir d M		21d INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	A DAA STC 1	21f LOCATION STREET	CITY OR TOWN	N COUNTY	STATE
IVISI JG P after the sthe sthe hand rked	2	AT WORK NOT WHILE	(AT TIOME, SIX	REEL, PACTORI, OFFICE, PA	ARM, ETC)	57,464			
ADIP OF SECOND		22a.1 certify that (I) (this ha	spital) attended th	e deceased from_	61	21 198	7 to 7/6	19 27	that (I) (we) la
TTEN TOR For u		sow the deceased alive	on 7/6/	87 19_	, 0	nd that in (my) (our) apinion	death accurred on the date	e and hour and from the	couses stated
REC REC		22b. SIGNATURE	not view the body	offer deoffi.		DEGREE	7	22¢ DATI	E SIGNED
the Designation of the Control of th		THE	100.		M	ATTENDING	MEDICAL STAFF		618
PITA by State	1	22d PHYSICIAN'S NAME (TY	PE OR PRINT!		(	<del></del>	DIRECTOR   PHYSICIA		110
HOSS Brined FUN outd b		Dr. T. Elder					ding, The Mer		
O S O S S S S S S S S S S S S S S S S S		1. 22402				Memorial Ave	Cumberland	d MD 21502	

MIDDLE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

DHMH- 36 60M 7/84 (VRA 15, 4)

FIRST

- STATE

(TYPE OR PRINT)

87-18560

1987

20. DA E OF VEATH

26 HOUR 1:45 P M

12b. KIND OF BUSINESS OR INDUSTRY

	NO	216-09-	-3681	mrs. Rathi	een mange	B.	edford	PA	13322
	IS CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE CO.  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT CON.	AUSE (0) CTT  DUE TO, OR AS A CONSEQUENCE  (b) CRAS A CONSEQUENCE  (c) CONSEQUENCE  (c) CTT  (d) CTT  (e) CTT  (d) CTT  (d) CTT  (e) CTT  (d) CTT  (d) CTT  (e) CTT  (e) CTT  (f) CTT	UENCE OF CESS UENCE OF	Jan -	loen  TERMINAL DISEASE	nal	TION GIVEN I	APPROXIMAL BETWEEN ONS	EINTERVAL
CERTIFICATION	19a. DATE OF OPERATION	19b CONDITION FOR WHIC	H OPERATIO		200 AUTO	NO 🗌	20b. IF YES, WI IN CERTIFYING YES	G CAUSES OF	
MEDICAL CE	216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 216, INJURY OCCURRED WHILE NOT WHILE AT WORK ALWORK	21b. TIME OF INJURY HOUR A.M. MONTH I P.M. 21a. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19	216 HOW INJURY OF	CCU <b>RRE</b> D (ENTER NAT	CITY OR TOW		OR PART 2)	STATE
	27a.1 certify that (1) (this haspital) sow the deceased alive an above; (1) (we) (did) (did not) vi 27b. SIGNATURE	7/6/87 19	, on	nd that in (my) (our) op DEGREE	, 1	STAFF		-	
	Dr. T. Elder	NI)		Medical Bu				Hospit	al
	BURIAL, CREMATION, REMOVAL 2	3b. DATE 23c	NAME OF C	EMETERY OR CREMAT	ORY 23d. LOCA			UNTY	STATE
		7-10-87	Loudon			imore	Balt	imore	MD -
24H	ARRYDHCOWITZKE & 4112 Columbia P	FAMILY FUNERA	City,	, -110.	JUL 08	GISTRAR 25	1 . ~	SSIGNATURE	

Print Print Page Jone the second water - Heart, PA 1322 dive Columnia Pike, Mildente City, No. 15, 1 JUL - -

## STATE OF MARYLAND

0 80 572 JUL	A REGINO.											6 1	
noy be poge 3		CEASED NAME ORPRINT)	FIRST N N	81	Ann E1	izabe	th McClain		20. DATE OF DEAT		DAY YEAR	7: 40 A	
afte afte	3. SEX	Female	4	RACE White	2	5. DATE O		<sup>6</sup> 06	6. AGE (IN YEARS LA		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	
leoth. Page in 72 hours		RTHPLACE (STATE OR COUNTRY) Austria		USA	WHAT COUNTRY?	WIDOWE		ED	9 BALTIMORE CITY OR COUNTY OF DEATH  Allegheny				
by the fu	Cu	mberland	4	Sac	cheacility, give street	SPITAL, NURSING HOME OR OTHER INSTITUTION ACILITY, GIVE STREET ADDRESS). ed Heart Hospital			120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE)  Homemaker  12b. KIND OF BI INDUSTRY  Domest			stic	
AND 212 n 24 have filled in bould be filled in bound in boun	13a. S	AL RESIDENCE (INNURS TATE PA.	13b. COUNTY Fayet	1	GIVE RESIDENCE BEFOR  13c. CITY OR TOW  Farming	/N	13d. INSIDE CITY LIA YES NO		13e.STREET ADDRI	SS / ZIP CO	DE 225 P	177	
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysician and completely filled in b apers. Pages 1 and 2 should be fil vol. it, the medical examiner most be n	14. FA	THER'S NAME Vincent	MID		sh LAST		15 MOTHER'S MAID FIRST SO	phia	A MIDD	Taka	acs	ST.	
IMORE, n ond cc Pages 1		VAS DECEASED EVER (ES, NO OR UNKNOWN) NO	IN U.S. ARME		16b SOCIAL SECU 209 03		Charles	: Mc(		DDRESS RD # 1 Farmin		225 B Pa.1543	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., 8A INC PHYSICIAN: The low requires that the death certificate other this certificate has been varied to the strending physic as the buriel stransit permit. The least move carban paper to and Mental Hygiene prior to an incrementian, or remaval acked at them 18 Spaws any injury, or other traumatic event, the	NO	B CAUSE OF DEATH lEnter only one couse per line for (o), (b), and (c.) is PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS-A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  DUE TO, OR AS-A CONSEQUENCE OF  (c)  DUE TO, OR AS-A CONSEQUENCE OF  (d)  DUE TO, OR AS-A CONSEQUENCE OF  (e)  DUE TO, OR AS-A CONSEQUENCE OF  (c)  Bul akual  Curlin al  Vas aul a Acrifict  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
AL RECOR	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	n was performed		200 AUTOPSY?	IN CER	YES, WERE FINDING TIFYING CAUSES	NGS USED OF DEATH?	
PHYSICIAN: Trending physici this certificate the buriol-transi and Mental Hygied ord Mental Hygied ord mental Hygied	MEDICAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d INJURY OCCUR WHILE NOTIFY	CAUSE OF DEATH	P 21e. PLACE	OF INJURY  .M. MONTH D  .M.  OF INJURY REET, FACTORY, OFFICE,	19	211 LOCATION STREET	OCCURRE		E INJURY IN ITEM 11	COUNTY	STATE	
R ATTENDI hospital al RECTOR: A red for use ppt. of Heal		22a. I certify that (I) sow the decease above, (I) (we) ( 22b. SIGNATURE	(this hospital		19	0	nd that in (my) (our) o		, to eath occurred on t	he dote and h			
O HOSPITAL O elouned by the TO FUNERAL DI MANUA be denot with the State De MANUAL HE STATE TO MANUAL HE STAT		22d PHYSICIAN'S N SAHOLY	AME (TYPE OR PI	. /	ward		ATTENIO PHYSIC 220 ADDRESS  Cumbe:	ICIAN 🗌	DIRECTOR PH	STAFF HYSICIAN	1-	15-87	
BP.		URIAL, CREMATION, SPECIFY) Buria		236. DATE 7-18			emetery or crema	ATORY	23d. LOCATION	VN _	-Fayeti	te-PA.	
DHMH - 16 50M 4/B3 (VRA 15, 4)	1	Vail S.	Dit	uth	Box.57 New Sa	8 lem,	15468 Pa.	JUL DATE	2 1 1987	RAR 25h REGI	ISTRAR'S SIGNAT	Kondasa	

					10 f-7 N
Auto-	07/15/27	aleI0aY	(Jedey III)	100	
		19: DK	HO.		Punte
Deliver Lo			ikmoli insel	Saired	Combined and
L. Desta			200 T D	enter outle	
					yearly
	Lean II. II.		O STAE EO	800	
			3)		
			and the same	P01-01-7	

FOR

# STATE OF MARYLAND

EPART	MENT	OF I	HEAL	TH	AND	MENTAL	HYGIEN
	CE	DTI	FICA	TE	OF	DEATH	

0.7	REGISTRAR				CERTIF	ICATE OF DEATH	8 / R	EG. NO.	8 5	6 2	)
	CEASED NAME	FIRST		WIDDLE		LAST	20. DATE OF DEA		DAY YE	AR Zb. HOL	JR A
[HYP]	E OR PRINT)	EDWA	ARD 3	JAMES	MC	GRATH	July 3	L, 1987		10:3	10 "
3. SE	X		4. RACE		5. DATE C		6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS D		
	male	-	white		MONT	2-28-1921 YEAR	66	S YRS		AYS HOURS	MIN.
70. B	IRTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE			Н	
7	Wisc.		USa		WIDOWE		A1:	Legany			MD
	ITY OR TOWN OF DE	ATH			G HOME C	OR OTHER INSTITUTION	120 USUAL OCC			ND OF BUSINE	
	Cumberlan	id ,	(IF NOT IN SUC	Memorial I	Hospi	tal	Self (	employ.e	d ac	countar	nt
13a.	AL RESIDENCE (IF NUE	13b COUN		GIVE RESIDENCE BEFORE		1136. INSIDE CITY LIMITS?	13e.STREET ADD	RESS / 7IP CC	ODE	arin	ar
2	PA		ford	Cleary		YES NO X		Box 20/		7777	17
1400	ATHER'S NAME					15. MOTHER'S MAIDEN NA	ME				-
2	FIRST		es A. Mo	cGrath		FIRST	len M. La	annsda]	0	LAST	
	WAS DECEASED EVE	R IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS			
- 1	VES, NO OR UNKNOWN)	(IF YES, GIV	T T	206-07-2	2621	Mrs. Hilda M	cGrath (	learvi	110 P	Δ ω	fo
-				gline for (a), (b), one	dia.s	Tinto. Tittua ii	caracii, c	DICAL VI		PROXIMATE INTEL	
	PART I. DEATH	WAS CAUSE	D BY:	) ember	all A	voluid fishel.	a		BETW	EEN ONSET AND	DEATH
		IMMEDIAT	E CAUSE (a)	7.5	- 001						
	Condition 15	12.1	DUE TO, O	R AS A CONSEQUE	NCE OF	sopleges					
	Canditions, if on gave rise to in	mediote	) (p)—	000	00						
	underlying caus		DUE TO, O	R AS A CONSEQUE	NCE OF				ļ.		
	DART 2 OTHER SIG	NIEC ANT C	(c)	ON TRIBUTING TO D	E A TLI BLIT	NOT RELATED TO LHE TERM	UNIAL DISEASE OF	CANDITION	COVENIALDAI	7.1.	
Z	C		OMMY		(01	D. Ren	0//-	line	SIVEIN IIN PAR	11 110	
CERTIFICATION	19a. DATE OF OPERA	ATION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20d AUTOPSY	2 20b. IF		NDINGS USE	
F							YES TO NO	IN CER	RTIFYING CAL	JSES OF DEAT	
ER	21g. ACCIDENT WAS UN	NDERLYING	216. TIME O	F INJURY		21c HOW INJURY OCCUR					
	OR CONTRIBUTING		1		Y YEAR						
MEDICAL	214 INJURY OCCUR		21e. PLACE	M. OF IN IURY	19	21f. LOCATION					
ME	WHILE NOT W	HILE T		REET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CIT	YORTOWN	COUNT	Y 5	STATE
	22a. I certify that (		(=1) = 44 = = d = d = d = 4	a disease of Com-	1/	19 37	7	131	87		1 .
	saw the decea	sed olive on.	7	137 19 8	7	nd that in (my) (our) opinion	death accurred on	the date and h	nour and from	, that (I) (	
	abave, (I) (we) 22b. SIGNATURE	(did) (did no	) view the body	efter death.		DEGREE .				ATE SIGNED	
	TI. OIGIVAIORE	1	100	man		A A	MEDICAL DIRECTOR   F	STAFF	7	/3//	2
	22d. PHYSICIAN'S N	IAME (FIEG	Panis /	NOUT		1226 ADDRESS	DIKECTOR   F	HTSICIAN [	/	1	/
	Dr. Hal					Memorial Ho	spital (	Cumber1	and. M	d. 2150	02
						1	-1 ,		, 11		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR:

MPORTANT

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Aug. 6,1987 burial

Arlington National dem. Arlington Arlington VA

James F. Scarpelli, Cumberland, MD 21502

AUG 0 6 1987

that the

7-25, J. 114

MPORTANT: If hem 21 is marked or hem 18 shaws any injury, or other traumatic eventuals.

DHMH - 16 60M 7/84 (VRA 15, 4)

eral director, page 3 s 72 hours after death

#### STATE OF MARYLAND

DEPARTMENT	OF	HEA	LTH	AND	MENTAL	HYG
CE	RT	IFIC	ATE	OF	DEATH	

1	FOR STATE			DEPARTA		EALTH AND MENT		NE REG. N	0.1	2 5 6	5 3
	ECEASED NAME	FIRST		MIDDLE	L	AST	2	DATE OF DEATH	MONTH	DAY YEAR	26 HOUR 10
	CONTRINT	EMMA	M	AE	MC	GREGOR		July 13,			PA
3, 58		- 1	4 RACE		5. DATE C		AR 6	AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS MIN.
L	femal		whit		1	-27-1908 t		79	YRS.		
por.	IRTHPLACE (STATE OF			WHAT COUNTRY?	MARRIE	D NEVER MARRI	ED 🗆 9.	BALTIMORE CITY C	R COUN	TY OF DEATH	
100	M LITY OR TOWN OF DE	D	USA		WIDOWE	DE OTHER INSTITUTION		A11	egan		JM.
		AIH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTE		TYPE OF WORK FOR MOST	F WORKING	LIFE) INDUSTRY	1
	Cumberland  JAL RESIDENCE (IF NUF	RSING HOME OR	OTHER INSTITUTION	orial Hos				housew:	те.	OW	n nome
130.	MD	136. COUN All	egany	Cumber	N .	13d. INSIDE CITY LIA YES 🔼 NO		135 N. Me	zir coi echan	ic Stre	et/21502
14. F	FATHER'S NAME	Willi	am E. M	leagher		15. MOTHER'S MAIL		Elizabeth	Plum	mer	AST
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDR	SS		
	NO OK UNKNOWN)	(IF TES, GIV	E WAR OR DATES]	217-54-	6769	Mr. Paul	H. Mc	Gregor, La	aVale	, MD - :	son
	Conditions, if any gove rise to imcause (a), statiunderlying caus	WAS CAUSE IMMEDIAT y, which nmediate ing the	D BY: E CAUSE (a)  DUE TO, O	R AS A CONSEQUE	ence of	Lung D	lune Livea	ul		BETWEEN	Kumate interval Onset and Death
NO	PART 2. OTHER SIG	ENIFICANT C	Centrions C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE	HE TERMIN	AL DISEASE OR CON	DITION G	IVEN IN PART 1	10
CERTIFICATION	190 DATE OF OPERA	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY? YES NO.	IN CERT	ES, WERE FIND HEYING CAUSE YES [	INGS USED S OF DEATH? NO
1/50	210. ACCIDENT WAS UP OR CONTRIBUTING	CAUSE OF DEA	177	DF INJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY	OCCURRE	O (ENTER NATURE OF INJU	RY IN ITEM 18	3 PART I OR PART 2)	
MEDICAL	21d INJURY OCCUP	RRED	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET		CITY OR TO	)WN	COUNTY	STATE
	220 1 certify that (I saw the decea abave, (I) (we)	ised alive an		-13 198	7_, or	, 19, and that in (my) (aur)	8 9 apinian de	oth occurred on the d	- /3 ate and h	. 19 8 7	that (1) (we) last causes stated
	226. SIGNATURE	n_				DEGREE ATTENI PHYSI	DING CIAN SC	MEDICAL STA	FF [IAN ]	22c. DATI	18-87
	22d. PHYSICIAN'S N	NAME (TYPE O	R PRINT)			22e. ADDRESS Me	emori	al Hospita	1 Me	d. Bldg.	
	Dr. R.	Barre	ra			Cı	umber!	land, MD 2			
23a.	BURIAL, CREMATION	I, REMOVAL	23b. DATE			EMETERY OR CREMA	ATORY	23d. LOCATION		COUNTY	STATE
	(SPECHY) Burial		07-1	.6-1987	sunset	Memorial				Allega	ny MD.
24. F	FUNERAL DIRECTOR	0		ADDRESS				REC'D BY RECISTRAR	256 REGI	STAR'S SIGNA	PIRE
1	James F. S	Scarpe	III, Cu	mberland.	MD 2	1502	JUL	7 1 1001	D		

STATE OF MARYLAND

Rt. 1, Pox 327 (Mocdiand) Colletruction Ballulay

Bervey Miller alberts Stevenson

Fig-eng-boils Miller, Same on Lye-

Region July 11 of the Propagate Lune Laur De Borney Allegary, Mar

inger Pareral Lone, Broadbury, 14.

1-07	FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYL EALTH AND ICATE OF	MENTAL HY	GIENE REG.	NO.	8 5	6 %
	CEASED NAME OR PRINT)	KENNE'	TH	William		ISSEY		20 DATE OF DEATH	монтн <b>07</b>	02 87	26. HOUR 0107A
3. SE	× ALE		4. RACE CAUCAS I	AN_white	5. DATE C		<b>½</b> 3	6. AGE (IN YEARS LAST E	YRS.	MONTHS DAYS	IF UNDER 24 HRS
(	RTHPLACE (STATE OR I	)	USA	WHAT COUNTRY?	WIDOWE		NORCED [	ALLEGANY		Y OF DEATH	MD.
Cl	JMBERLAND		CUMBERE	AND MEMO	RIAL			120 USUAL OCCUPA (TYPE OF WORK FOR MOST RETTRED CU	OF WORKING L	INDUSTRY	
13a.		ALLE ALLE		CUMBERLAN		13d. INSIDE (	NO 🗌	13e.STREET ADDRESS 308 HELEN	ZIP COD	DE LOIL	TOD DELT.
	JOHN  VAS DECEASED EVER		ICHOLAS	MORRISS		ANN 17. INFORM		FLORENCE	DESS	GARLIC	
	YES, NO DE UNKNOWN)	( IF YES GIV	WAR OR DATES)	216-18-14	466	ELIZAB		RRISSEY 308	CUMBER HELEN	RLAND MI STREET	D.  T  XIMATE INTERVAL
	Canditions, if any, gave rise to imm couse (a), static underlying cause	/AS CAUSE IMMEDIAT , which mediate ng the	D BY: E CAUSE (a)  DUE TO, OI	R AS A CONSEQUE	NCE OF	7I VD	may o	anst		BETWEEN	enset and death
CERTIFICATION	PART 2 OTHER SIGN 190 DATE OF OPERA	DI	7 )	TION FOR WHICH				200 AUTOPSY? YES NO	20b. IF YE	ES, WERE FIND IFYING CAUSE ES	INGS USED
MEDICAL CER	218. ACCIDENT WAS UNION CONTRIBUTING CIFETIMER, NOTIFY MEDI 21d. INJURY OCCUR. AT WORK NOTIFY MEDI 220. I certify that (I) saw the decess above, (I) (we) (C).	CAUSE OF DEA CAL EXAMINER RED HILE	21e PLACE (AT HOME STR	M. MONTH DA M.  DF INJURY  EET, FACTORY, OFFICE, FA  deceased from  19		21f LOCAT	ON 1	RED (ENTER NATURE OF IN  CITY OR  death accurred on the	IOWN	COUNTY	STATE , that (1) (we) last e causes stated
	226. SIGNATURE	Bro	lleno	900000		DEGREE		MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	22c. DAT	2/87

955 FREDERICK ST/CUMBERLAND MD

21502

Divider Pendalli

STATE

230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236 DATE BURIAL REST LAWN MEMORIAL PARK LAVALE ALLEGANY MARYLAND

250. DATE REC'D, BY REGISTRAR 256. REGISTRAR S. SIGNATURE

CLIMBERT AND MARYLAND 6 1987 Julia Dander Land JULY 6 1987 BP. 24 FUNERAL DIRECTOR SILCOX- MERRITT FUNERAL HOME CUMBERLAND MARY (VRA 15, 4)

J. BOLLINO

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed

etoined by the hospital or attending physician

should be detached for use as the burial-transit permit: with the State Dept. of Health and Mental Hygiene prior

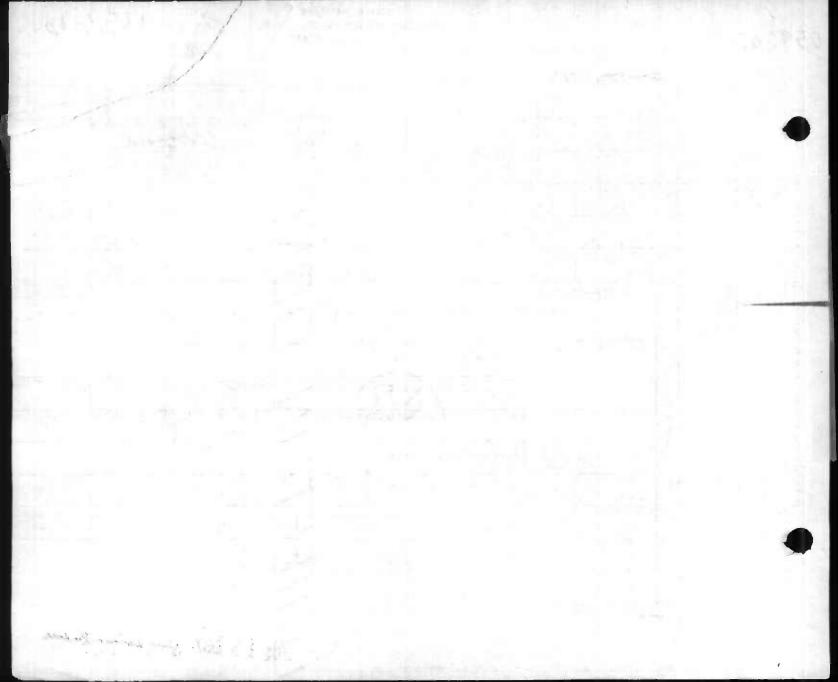
IMPORTANT: If Item 21 is marked ar Item 18 sh

DR. ANTHONY

the funeral director, page 3 d within 72 hours after death

medical

THE ARTHUR AND ADDRESS OF PERSONS AND ADDRESS OF THE PARTY OF THE PART The Secretary May 1881 v.C. Mile



(VRA 15, 4)

060613

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

, 000		REGISTRAR			CENTIL	ICATE OF DEATH	REG. N	O.   \$	3	6 /
		ASED NAME FIRST		MIDDLE	t	AST .	20 DATE OF DEATH	MONTH B DAY	YE AR	26 HOUR 4
		JESSIE		A.letta		YCKE		July 16		
3	. SEX		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	MON	MDER I YEAR	HOURS MIN.
	F	emale	White		June	9, 1904		3 YRS.		
7		THPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	-	DEATH	
	Ma	rvland	United		WIDOWE	D X DIVORCED		egany		MD.
0	0. CIT	or town of DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN CH FACILITY, GIVE STREET A ial Hospi	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Homemaker	F WORKING LIFE)	12b KIND OF INDUSTRY	BUSINESS OR
6 1	3a S1	RESIDENCE (IF NURSING HOME OF ATE 136 COULT	VTY	GIVE RESIDENCE BEFORE 136. CITY OR TOWN Little 0	N	SYES NO X	Rt. 1 Box	ZIP CODE	2176	56
0	1 FAT	HER'S NAME FIRST Brady	WIDDLE	Leasur	е	15. MOTHER'S MAIDEN NAM FIRST Mariah	WIDDLE		Bode	
1 10		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDRE		Md. 2	
	(1)	No	-E WAR ON DAIES)	214-28-6	432	H.Lester Robe	rts Rt.1 Bo	x 82 Li	ttle (	)rleans,
-	T	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per	r line for (g), (b), and		,				NATE INTERVAL NSET AND DEATH
			D BY: TE CAUSE (0)	Card	io pu	Imonauz a	west			menutes
1		7/2		R AS A CONSEQUE		. 0			14	hour
		Conditions, if any, which gove rise to immediate	(b)	Aspen	alio	<i>~</i>			12	
		cause (a), stoting the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF	sis			dar	45
		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 11a	
7	CERTIFICATION	90 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES (	
- 1	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	DF INJURY .M. MONTH DA .M.	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM IS PART	OR PART 2)	
7	9 1	WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE FA	ARM ETC )	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a.l certify that (1) (this hasp	ital) ottended th	ne deceased fram_		, 19	, ta	, 19.	, 11	hat (1) (we) last
1		saw the deceased alive ar	t) view the body	ofter death	, ar	nd that in (my) (aur) apinion o	death accurred on the d	ate and hour an	d fram the c	auses stated
7		17th SIGNATURE	stoni			DEGREE  ATTENDING PHYSICIAN	MEDICAL STAI	FF CIAN []	22c. DAJE S	100
1		Dr. S Gupta	okenen)			77e ADDRESS	reene Stree rland, MD 2			
2	3a. Bl	IRIAL, CREMATION, REMOVAL	. 236. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION		DUNITO	67.475
	(5	Burial	7/18/1	.987 Pin	ey Pl		Little Or			
/84	A FU	VERAL DIRECTOR	>10	ADDR SS	266-	250. DAT	RECD BY REGISTRAR 23 1987	26 REGISTRAF	SSIGNATU	IRE

and to	1	0.03			eral Home		OF MARYLAND				
062029	AUG	STATE				MENT OF H	EALTH AND MENTAL	TYGIENE			
100.		REGISTRAR		land, Mo	1. 21502		ICATE OF DEATH		G. NO.	8 📦	6 8
o m =		. DECEASED NAME (TYPE OR PRINT)	FIRST		WIDOLE	ĺ.	AST	20 DATE OF DEA		OAY YEAR	2b. HOUR
oy b	- 1		Unity		tricia	T	Parker	July		1987	04:45Am
or p	- 1	SEX	_	4 RACE		5. DATE C	DAY YEAR	6 AGE (IN YEARS L	AST BIRTHOAY)	MONTHS DAYS	
e 500		fema		whi			03-02-1912	75	YRS		
4 th 12 th 1	3	O. BIRTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED	<u>'</u>	9 BALTIMORE CITY OR COUNTY OF DEATH Allegany County MD		
1 1	1	O. CITY OR TOWN O	F DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCU	UPATION	126. KIND (	OF BUSINESS OR
D	20	Cumberla	and		d Heart H	,	1	housewi	-fe		home
MARYLAND 2120 ed eithin 24 hours mpletely filled in by and 2 shauld be fill	35	DSUAL RESIDENCE (1 130. STATE MD	136 COUN	OTHER INSTITUTION		E ADMISSION)	13d. INSIDE CITY LIMITS YES NO XX	? 13e.STREET ADDR			
RAT # 12	1//	4 FATHER'S NAME		MIDDIE	LAST		15 MOTHER'S MAIDEN	NAME	YOU E		NST .
	Y (1		Willia	m H. Jo	nes		FIRST	Mary Barnh		LA	31
ORE,	dico	60 WAS DECEASED		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT	А	DDRESS		
BALTIMORE,	٧ L	no			2201671	01	Mrs. Patrio	cia M. Brow	in. Oldt	town, ME	)-daughter
201 W. PRESTON ST., es that the desire places among exceptions please among exceptions prival, cremation exceptions	ury, or other fraumatic even	Conditions, if gove rise to couse (a), underlying a	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO OR AS A FORSED HINE FOR  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)								30 gs
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir oftending physicion. ffer this certificote hos been sign os the buriol-fronsit permit. Then though Amendol Hygiene prior to be	lu do sa do	190 DATE OF OF				OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDE TIFYING CAUSES YES []	NGS USED S OF DEATH?
ON OF VIT		OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEA	TH HOUR A.	M. MONTH D. M.	AY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE C	f injury in item 18	PART I OR PART 2)	
DIVISIC ING PH r offend os the b	morkedor	AT WORK	OT WHILE AT WORK	(AT HOME ST	REET, FACTORY, OFFICE 6	ARM ETC )	STREET	CITY	ORTOWN	COUNTY	STATE
TTEN pitol TOR for ur	21 12	sow the de obove, (1) (v	ceosed olive on,		e deceased from_ 199 offer death.		d that in (my) (our) opini	on death accurred on	the dots and ha		
4 0 50 7		224 BHYSICIAN	I'S NAME (TYNE O		6		ATTENDING PHYSICIAN  220 ADDRESS	MEDICAL DIRECTOR DE	STAFF HYSICIAN [	A .	25 '87
O HOSPITAL efoined by the TO FUNERAL	5/	- Contract	Dr Bri		ownek			Drive, Cu	mberler	Md Md	21502
0 a 7 a 1	1	3a. BURIAL, CREMAT		236 DATE		NAME OF C	METERY OR CREMATOR	23d. LOCATION	WASTIGI		
BP	. [	(SPECIFY)	urial	07-28	8-1987	Davis	Memorial Ce	emetery Cum	ww herland	_Allea	anyMD.
DHMH - 16 60M 7	/84	4 FUNERAL DIRECTO			AOOPESS	_ ~ ~ ~ ~ ~	25a. [	DATE REC'D. BY REGIS	TRAR 256. REGIS	STRAR'S SIGNA	URE IN

DHMH - 16 60M 7/84 (VRA 15, 4)

James Scarpelli, Cumherland

062828 NUC-987 20012 . 17 . 16 . 12 . 1800

D. PERSONAL DESCRIPTION OF THE PROPERTY OF THE

	1	Georgi FOR 202 G	e Upchuro reene Sti	ch Funera	MENT OF H	EOF MARYLAND LEALTH AND MENTAL HYGI	IENE			
0108 JU	2	Redistrar Cumbe	rland, Mo	1. 21502	CERTIF	ICATE OF DEATH	8 / REG. N	0. 1	3 5 6	5 3
		CEASED NAME FIRST OR PRINT)		MIDDLE	l	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
4 11 /		Ruth	-	Anna	P	erdew	July	10,	1987	11:15PM
2 8° X	3 SE	(	4 RACE		5 DATE C	JI UIKIII	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS
* 85/	F	emale	White	2	7110111	mber 7,1931	55	YRS	MONTHS DATS	HOURS MIN.
Part of the same o	BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	R.	D X NEVER MARRIED	9 BALTIMORE CITY	R COUNT	OF DEATH	
1 15/5		Maryland	U.S.	A.	WIDOWE		Allegany	Count	ty	MD
N	10 CI	TY OR TOWN OF DEATH			IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
10 to 12 to 1	ľ	Cumberland	Sacre	ed Heart	Hospi	tal	Food Servi			Co. Bd. Ed.
	USU	AL RESIDENCE (IF NURSING HOME TATE 13b CO	OR OTHER INSTITUTION			A 10 L IN 15 ID F CITY I I I I I I I I				<u>JO I Da I Da</u>
2 33 32 5			egany	IaVale	N	13d INSIDE CITY LIMITS? YES \( \bigcap \) NO \( \bigcap \)	13e STREET ADDRESS			21502
thin selver		THER'S NAME		***		15 MOTHER'S MAIDEN NAM		s Ave		
The second		FIRST	MIDDLE	LAST		FIRST	MIDDLE		LA	
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	16a. V	Humbird  VAS DECEASED EVER IN U.S.	ARMED FORCES?	Rice	JRITY NO.	Margaret.	H_ ADDR	ESS	Bend	ier
Poges Poges medical		(ES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	220308						
ion is be	_	No				Stanley S. Per	rdew-Addres	s sam	e as #1	3 above
icote nysic pvol pvol		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause per SED BY:	line for (a), (b), an	d IC	tartat R.	Man Com			ONSET AND DEATH
e death certificate attending physical provescorban population, or removortroumatic event,		IMMEDI	ATE CAUSE (a)	NOSTAGE	1.11.61	HOLKING (1881	1/ATRA CTIK	CINOM	yl-	
modific cont			DUE TO, O	R AS A COMSEQUE	ENCE OF		1 of T	Loroi	9	
dec otto over rour		Canditions, if any, which gave rise to immediate	(h)_				7017	7		
		cause (o), stating the	DUE TO, O	R AS A CONSEQUI	ence of					
that the d by the lease re ial, crem		underlying cause last.	(c)							
signe hen pl o burr	z	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO	<u>DEATH</u> BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	a
v reen	CERTIFICATION	19n DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20m AUTOPSY?	20b. IF YE	S, WERE FIND!	NGS USED
No and	FFC						YES NOW		FYING CAUSES	OF DEATH?
The state of the s	ERT	210 ACCIDENT WAS UNDERLYING	7 21b. TIME C	F IN JURY		21c HOW INJURY OCCURR				110
A STATE		OR CONTRIBUTING CAUSE OF	HOUR A.	M. MONTH D			( proper service of these			
S P 3 5 5 4	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATION OF CURRED	P. 21e PLACE		19	211 LOCATION				
of the state of th	WE	WHILE NOT WHILE AT WORK		REET, FACTORY OFFICE F	FARM ETC )	STREET	CITY OR TO	)WN	COUNTY	STATE
A 4 4 6 6 8	l	220.1 certify that (1) (this has				. 19				that (I) (we) lost
E# 6942		saw the deceased alive abave (1) (we) (did) (did	an July	after death.	870	nd that in (my) (aur) apinion o	death accurred an the d	ate and had	u and from the	causes stated
A ME hed hed ten		276 SYGNATURY	11/	T		DEGREE			22c. DATE	SIGNED
4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		a. Valancia	1911	Jagoner	ROW	ATTENDING PHYSICIAN [7	MEDICAL STA		7-	11-81
TE SE	1	274 PHYSICIAN'S NAME (1)	Carrent	1		22e ADDRESS				
HOSPITAL meet by 1 5 FUNERAL ould be de m the Stort		Dr. W	riel Vela	ndia		924 Seton D	rive, Cumb	erland	1, Md.	21502
01 551 3	23a	BURIAL, CREMATION, REMOV.			NAME OF C	CEMETERY OR CREMATORY	23d LOCATION			
BP		SPECIFY) Burial	7-14-			easant Cemeter	v Cumberlar	d-211	egany-M	Maryland
Dr		JNERAL DIRECTOR GEORG					EIRE CID. BY REGISTRAR	256 REGIS	TRAR'S SIGNA	TURE Jack
DHMH - 16 60M 7/84							L 40 1987	Julia	Margary.	Correspond !
(VRA 15, 4)	_	202 Greene Str	eet-Cumb	eriand, N	עט 21	.502				

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#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	-

Ч	L Z4EOTTRAR		CERTIFICATE OF DEATH	REG. NO.	185/8
1	1. DECEASED NAME FIRST	WIDDLE	LAST		ONTH DAY YEAR 26. HOUR
	(TYPE OR PRINT) Mary	Edna	Plummer	7/18/87	3:25 am
I	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	MONTHS DAYS HOURS MIN.
1	female	white	~°8" 11° 1893	93	YRS.
4	A BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR	
	Maryland	USA	WIDOWED N DIVORCED	Allegany	MD.
	Frostburg	Frostburg Co		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Homemake)	
		NTY 13c. CITY OR	toung YES INSIDE CITY LIMITS?	13e.STREET ADDRESS / 2	out St 21532
	14. FATHER'S NAME FIRST  Johnson	De Vore	15. MOTHER'S MAIDEN N  Arella	MIDDLE	Crowe LAST
I	160. WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIALS	SECURITY NO. 17. INFORMANT	ADDRESS	
	No	212-5	4-8659 Mrs. Amy I	Diaz, Same	
ľ	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b	o), and (cu)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		TE CAUSE (0) Rev	ic tailing		
1		DUE TO, OR AS ALCONS	EQUENCE /	0- 11- 0	. 0
	Conditions, if ony, which	( (b) A S	CVD W/ CMy	lete Heers B	LOCK
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSI	EQUENCE OF		
	underlying couse lost.	(c)			
١		CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	ION GIVEN IN PART 110
H	Q I9a DATE OF OPERATION	18h CONDITION FOR WI	HICH OPERATION WAS PERFORMED	20a AUTOPSY?	ROB. IF YES, WERE FINDINGS USED
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	THE CONDITION FOR WI	HICH OFERATION WAS PERFORMED		N CERTIFYING CAUSES OF DEATH?  YES NO NO
	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY YEAR 21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY I	N ITEM 18 PART 1 OR PART 2)
1	OR CONTRIBUTING CAUSE OF DE	A10	19		
ı	OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
ı	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	CITYONIONA	31212
١	220.1 certify that (I) (this hasp	oital) attended the deceased fr	om 4/29 , 19 8	, to 7	. 19
ı	sow the deceased alive or	ot) view the body offer death.	19, and that in (my) (our) opinion	n death accurred on the date	and hour and from the causes stated
1	22b. SIGNATURE	JI VIEW THE DOLLY OTHER DECITION	DEGREE		22c. DATE SIGNED
	(1	reel Ha	ATTENDINGS PHYSICIAN	MEDICAL STAFF	ND 7/18/87
٦	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS	<u> </u>	
ı	Dr A R	oque	Broadway,	Frostburg MD	
1	230. BURIAL, CREMATION, REMOVAL	L 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	e Aunty
ļ	Burial	July 21 187	Frostburg Mem.	Park Frostb	urg, Allegany, Mo
	24 FUNERAL DIRECTOR	ADDR	25o. DA	ATE REC'D. BY REGISTRAR 25	
	Durst Fune	ral Home, Fr	rostburg, Md.	JUL 23 1987	Julia Davidson-Randice

Julia Davidson Randon

DHMH - 16 60M 7/84

MPORTANT: If them 21 is marked or

(VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	2	# 5 1
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-	OSPITAL OR ATTENDENG PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Pied by the hospital or attending physician.	UNERAL DIRECTOR. After this centricate has been signed by the attending physician and completely filled in by the funeral di the detected on we as the businficiant germl. The please remove corbon popul. Pager, Land 2 wild be filled within 72 ho
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(VRA 15, 4)

061	989 AUG		FOR STATE REGISTRAR			STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  8 REG. NO. 8 5 7							
-6	3 35 W		ECEASED NAME	NORMA		MIDDLE		ENTES	20	DAIL OF BEATT	11y 31	, 1987	2ь нфия 02:30an
	App hod		×					OATE OF BIRTH		AGE (IN YEARS LAST BIRT	-	IF UNDER I YEAR	M IF UNDER 24 HRS
	* 0 fe	1	female	е	whi:	te	MONI []	-01-1908 YEAR	'	79	YRS.	ONTHS DAYS	HOURS MIN.
1	meral dis	2	IRTHPLACE (STATE OR FO		76. CITIZEN OF WHAT COUNTRY					9 BALTIMORE CITY OR COUNTY OF DEATH			MD.
102		1	10 CITY OR TOWN OF DEATH  Cumberland		(# NOT IN SUCH FACILITY, GIVE STREET A  Memorial H		Hospital			O. USUAL OCCUPATION  YPE OF WORK FOR MOST OF MOUSEWI	12b. KIND OF BUSINESS OR INDUSTRY OWN home		
MARYLAND 2120	Filled in Blid be	13a.	MD	13b. COUN		GIVE RESIDENCE BEFOR 13c. CITY OR TOV CUMBET	VN	13d. INSIDECITY LIMIT YES 🔀 NO 🗌		STREET ADDRESS /	ZIP CODE	Avenue/:	21502
MARYL	and 2 completely	1	FATHER'S NAME FIRST Charles H. Opperman 15. MOTHER'S MAIDEN NAME EMMA Schmerer						LAST				
OR E.	Break and		WAS DECEASED EVER I		MED FORCES?	16b. SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRE			
BALTIMORE	36 36	$\perp$	no			185-14-		Mrs. Patri	.cia	Ann Hastie	, Cumb		,
W. PRESTON ST.	hat the death certification by the aheading physical remove carbot page. I, compiled after traumatic events.		Conditions, if ony, gave rise to imm cause (a), stoting underlying couse	which sediate g the	DUE TO, O	Massive R AS A CONSEOU CAD R AS A CONSEOU	ENCE OF	Z				BETWEEN OF	ATE INTERVAL USET AND DEATH
DIVISION OF VITAL RECORDS, 201	been signed mit. Then ple prior to burio day mury, or	CATION		RT 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0  DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?									
AL R	The talk of the ta	CERTIFICAT								YES NO		ING CAUSES C	NO [
N OF VIT	SECIAN ng physic certifican orial-tram from 18 s	Λž	210. ACCIDENT WAS UNDI OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC	AUSE OF DEAT	P.,	м. моnth d м.	AY YEAR	21c. HOW INJURY OC	CCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT ( OR PART 2)	
DIVISIO	NG Phry atter this on the bi on the bi	MEDIC	21d INJURY OCCURR	ILE		EET, FACTORY, OFFICE,		211 LOCATION STREET		CITY OR TOV	WN	COUNTY	STATE
	THEST IN	22a.1 certify that (1) (this haspital) attended the deceased fram										9, th	
4	RECT POLD POLD POLD POLD POLD POLD POLD POLD											224. DATE SIGNED	
	ALDI Herbid Herb		He	We	unh	•		ATTENDIN PHYSICIA	NG A	MEDICAL STAF	F IAN 🗌		
	O HOSPITAL relined by th O FUNERAL hould be det with the State MPORTANT.			'SNAME (TYPE OR PRINT)  H. C. Merrick		Memorial Hospital Medical Buildin Cumberland, MD 21502					lding		
	25		BURIAL, CREMATION, F		23b. DATE			EMETERY OR CREMATO	ORY	Johnsto		COUNTY	STATE
	BP	74 F	Burial UNERAL DIRECTOR		08-03	-1987 F	orest	Lawn Cemet				Cambri	
	DHMH - 16 60M 7/B4 (VRA 15, 4)	1	James F. S	carne	lli Cu	mherland	MD ·		106 (	3 1987 REGISTRAR	THE WEST WAS	A COOK	h-0

(VR A 15 (4))

STATE OF MARYLAND

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGN

		1	Sowers F	uneral H	Home	STATE	OF MARYLAND				
		h.	FOR 60 W. Ma	in Stree	et DEPARTM		EALTH AND MENTAL HYG	IENE	1 0	- 9	2
15	8 6 2 4 JUL -	8 (	REGISTRAR Frostbur				ICATE OF DEATH	8 / REG. NO		2 /	-
	D.f.		CEASED NAME FIRST E OR PRINT)		MIDDLE	E.	AST		MONTH DAY	YEAR . 2b HC	DUR
	y be		Cather		M. 1	Rase		July 1, 19			DER 24 HRS
	E 4	I SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	MONTH	DEN TILE IN OTTE	S MIN,
	986 55		Female	White		12/	14/09	9 BALTIMORE CITY O	YRS	NE ATH	
4	E 20 %	1	IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?		NEVER MARRIED	_		EAIT	
T	den form		Maryland ITY OR TOWN OF DEATH	U.S.		WIDOWE	DIVORCED DIVORCED	Allegany		h. KIND OF BUSI	MD.
	1140	1		(IF NOT IN SUC	d Heart Ho	ADDRESS1		Housewif	F WORKING LIFE) IN	own ho	
120		USU	umberland AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				OWIT HO.	III.E
4D 2	1573		aryland All	egany	Eckhar		134 INSIDE CITY LIMITS?  YES NO 🔀	P. O. BO	ZIP CODE	215	28
LAP		-	ATHER'S NAME			0	15. MOTHER'S MAIDEN NA	ME			
BALTIMORE, MARYLAND 2120		1	Thomas	MIDDLE	Carter		Cather		G	roeter	
RE, A	d col		WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORMANT	Froster	frg, MD	2153	2
WO	Page		YES, NO OR HIKNOWN) (IF YES, C	A	21544772	4	Mr. Richard	d Rase, 135	Washi	ngton	St.
SALT	1 1 1 1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per			1	-1	-	APPROXIMATE IN BETWEEN ONSET A	
	even even			TE CAUSE (a)	Ventri	cula	~ Tachycar	dia		25 n	niN
NO	the control			DUE TO, O	R AS CONSEQUE	NCE OF	Andrew 1			05	
EST	death of attending action, or troumatic		Canditians, if any, which gave rise to immediate	(b)_	Coron	ary	metery c	, sease		- 2 X	1
W. PRESTON ST.,	by the		couse (0), stating the underlying cause last	DUE TO, O	OR AS ACONSEQUE		mallita	2		10 v	25
201	Part of the control o		PART 2. OTHER SIGNIFICANT	CONDITIONS C			NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN II	N PART 1:a	
DS.	equiri sig Then to be	Z	TART 2. OTHER SIGNIFICANT	<u>conditions</u>	OTTIME OF THE O	<u> </u>	THE TENTE OF THE TENT				
0	beer mit.	4 8	19a DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	n was performed	20a AUTOPSY?	20b. IF YES, WE	RE FINDINGS U	SED FATH?
DIVISION OF VITAL RECORDS,	w sper	CERTIFICATION						YES NO	YES 🗌		
VII	N.Y. The hysicial icote licote licote Hygie Alas sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		OF INJURY	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	OR PART 2)	
0	HYSICIA! ading ph ais certifi. buriol-fr J Mentol	N S	(IF EITHER NOTIFY MEDICAL EXAMINE	ER) P	.M.	19					
SION	PHYY endir this he bu	MEDICAL	21d. INJURY OCCURRED		OF INJURY FREET, FACTORY, OFFICE, F	ARM ETC )	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
N/O	or otter After the e os the olth one morked		AT WORK AT WORK					7 . 7-	7	<del>2)</del>	
	TENDI Ital or OR: A or use if Heal		22a.l certify that (I) (this has	/ -	he deceosed from	87	nd that in (my) (aur) opinian	, 10	ate and hour any		(we) last
4	R ATTI hospit IRECTC hed fo ept. of		above [l] [w] (did) (did if				DEGREE			22c DATE SIGNI	
4	0 m 0 m ≠	1	Houl	Da vale		mr	ATTENDING	MEDICAL STA	FF CIAN [	7-2-	17
	HOSPITAL ned by th FUNERAL uld be dett the State ORTANT:	/	ZN PHYSICIAN'S NAME INM	OFFINITE (	3000	1110	22e. ADDRESS	DIRECTOR   FITTSIC	.17.14		
			Dr. Paul Live	ngood			912 Seton	Drive, Cumi	berland.	MD 215	02
	of of shape 10	23a	BURIAL, CREMATION, REMOVA		23€ 1	NAME OF (	EMETERY OR CREMATORY	23d. LOCATION		DUNTY	STATE
	BP	0	(SPECIFY)	7/3/	'87 R	est :	Lawn Mem Ga		All	legany	Md
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	(VRA 15, 4)		owers Funera	1 Home	Frostk	ourg	1 101	06 1987	Julia Des	ridam- Pand	all

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	1 - STATE  GREEN STREET  DEPARTMENT OF HEALTH AND MENTAL H  CERTIFICATE OF DEATH	0 7 1 9 5 7 4
OGOILL JUL	REGISCOMBERLAND, MD21502 CERTIFICATE OF DEATH  DEFTASED NAME FIRST MIDDLE LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
NP NI 4 4 nor	EDITH GERALDINE READD	JULY 7, 1987 10:15 A
moy moy	3. SEX 4. RACE 5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4 ector	Female White July 3,1923	64 YRS MONIHS DAYS HOURS MIN.
Po dir	TO BIRTHPLACE ISTATE ORFOREIGN TO CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED .	9 BALTIMORE CITY OR COUNTY OF DEATH
deot hin 7	West Virginia U.S.A. WIDOWED ☑ DIVORCED [    O. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION	ALLEGANY COUNTY MD.  170 USUAL OCCUPATION 170 KIND OF BUSINESS OR
	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
1201	Cumberland SACRED HEART HOSPITAL  SUAL RESIDENCE (IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	Dietary Asst. Hospital
MARYLAND 2120 ed within 24 hours ond 2 should be file exammet how be be	13d. STATE	Box 274 - 26746
With with days	15 MOTHER'S NAME FIRST MIDDLE LAST FIRST	MIDDLE LAST
	Leslie G. Hershberger Nellie	P. Long
execution of conditions of con	(YES, NO OR UNKNOWN)     IF YES, GIVE WAR OR DATES)	
LITIA e be e be	TOTAL STATE OF THE	eadd - Ridgeley, WV 26753  APPROXIMATE INTERVAL BETWEEN ONSEI AND DEATH
rficote physic property of the	18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
or cert	DUE TO, OR AS A CONSEQUENCE OF "	
death death offend ove continued over continued ove	Canditions, if any, which ( 16) PN RUM MIZ	days
4 F E E	gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF	1
on w	underlying cause last. (c) Bowel obstruction	Oorys
DS, 201 quires the signed hen plec to burial iury, ar		minal disease or condition given in part 1:50
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The law requiranter this certificate has been sign as the buriol-transit permit. There th and Mental Hygiene prior to burked on them 18 shows any injury	End Stage Diabetic disease, Hypo Widison  190 Date of Operation 196 CONDITION FOR WHICH OPERATION WAS PREFORMED  210. ACCIDENT WAS UNDERLYING   216 TIME OF INJURY   211c HOW INJURY OCC	20a AUTOPSY? / 20b. IF YES WERE FINDINGS USED
TALRE to ricion. The to say periodicione progreme propriete propri	NH I	YES NOTE YES NO
VIIIA hysici icote ronsi Hygi Hygi	HOUR A.M. MONTH DAY TEAK	URRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
ON OF YSICIA ding ph ding ph ding ph Sourial-th	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
PHY: rendir this he bu	216 INJURY OCCURRED 21e PLACE OF INJURY (AT MOME STREET FACTORY OFFICE, FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN COUNTY STATE
DIVISION DIVISION OF PARTER 11 After 11	AT WORK AT WORK	2 97
OR: OR: or use	22a.1 certify that (I) (this hospital) attended the deceased from 19 2 , and that in my (aur) apini	on death accurred on the date and hour and from the causes stated
OR AT OR AT he hasp DIRECT oched fi Dept of	abave, (I) (we) (did) (did nat) view the body ofter death.  27b. SIGNATURE  DEGREE	22c DATE SIGNED
AL D the D detoc	Paul Pluh VMD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN X
SPIT d by	27d. PHYSICIAN'S NAME   TYPE OR PRINT) 27e. ADDRESS	
TO HOSPITAL of retained by the TO FUNERAL I should be detain with the State [IMPORTANT; If		ETON DRIVE, CUMBERLAND, MD 21502
	236 BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATOR	CITY OR TOWN COUNTY STATE
BP	Burial 7-10-87 Ft. Ashby Cemetery	Ft. Ashby-MIneral-West Virginia  ALE REC'D BY REGISTRARIZED REGISTRAR'S SIGNATURE
OHAH 46 60M 7/84 (VRA 15, 4)	P.O. Box 1260-Ft. Ashby, West Virginia 26719	1111 0
1 1/49 13, 41	r.o. box 1200-rt. Asimy, west virginia 20/19	101 20 1987 Julia Dividion Rendollo

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SOLIS SERVICING REPORT OF THE PROPERTY OF THE

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TATALAN CINIA

STATE	OF	MARYLAND

	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 7 REG. NO. 1 8 5 7 5
059248	I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
y be geode deot	NINA	CHRISTINA	RECKLEY	July 4, 1987 3:22 a
ge 4 ma ector, pr	3. SEX female	white	5. DATE OF BIRTH  MONTH 03-03-1919	6. AGE (IN YEARS LAST BIRTHDAY)  68  YRS.  1F UNDER 1 YEAR IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.
de o th. Po	78. BIRTHPLACE (STATE OR FOREIGN COUNTRY) WV	16. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH Allegany
os offer o	Cumberland	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Memorial Ho		126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE)  NOUSEWIFE  OWN home
BALTIMORE, MARYLAND 21201 cote be executed within 24 hours or the period on a caripeter, filled in the period of t	13a. STATE 13b CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N 13d INSIDECITY LIMITS?	13e STREET, ADDRESS / ZIP CODE Route 4 - Oldtown Road/21502
MARYL.	14. FATHER'S NAME FIRST P	nilip Moreland AST	15. MOTHER'S MAIDEN N.	i Linda MIDDLE LAST
be execut on and c	160. WAS DECEASED EVER IN U.S. / (YES, NO OR UNKNOWN)  (IF YES,	ARMED FORCES? 16b. SOCIAL SECU 220–10–4		ADDRESS L. Reckley, Cumberland, MD-husba
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAING BUILDING BUIL	PART 1. DEATH WAS CAU	only one couse per line for (a), (b), one SED BY:  ATE CAUSE (a)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE	inc failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  Liseuse  Siseuse
L RECORDS, 20 If the lequires to the learn signed permit. Then ple the principle of the principle of the permit of	PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO
ON OF VITA ON OF VITA dring abhyticle ins certificate buriotrement Memici Hygie	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ( (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURRED)	HOUR A.M. MONTH DA	19 211. LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
DIVISI DING P or other After the east the colft and morked	AT WORK AT WORK	pital) attended the deceased from _	ARM, ETC) STREET	city OR TOWN COUNTY STATE
AL OR AJTEN y the hospital y the hospital AL DRECTOR detection for u ofe Dept of He	sow the deceased flive obove. [1] level (did (did 77% SGNATURE		DEGREE  ATTENDING PHYSICIAN	death accurred an the date and hour and from the causes stated    22c. DATE SIGNED
O HOSPITAL Fauled by 1 TO FUNERAL Inhold be de- In the Stot	Dr. R. Barre		Memorial Av	rial Hospital Medical Bldg. e., Cumberland, Md. 21502
P. C.	BURIAL CREMATION REMOVE BURIAL BURIAL		NAME OF CEMETERY OR CREMATORY  RIVIS MEMORIAL CEME	23d LOCATION CITY OR TOWN COUNTY STATE
BP	74. FUNERAL DIRECTOR	07-00-1207   08		tety Cumberland Allegany MD  JE REC'D. BY REGISTRAR 236. REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/B4 (VRA 15. 4)	James F. Scar	nelli Cumberland		-13-87

11 2 2 2 3 0

) 5	9459	1	FOR 7 - STATE 7 REGISTRAR	DEPART	MENT OF	E OF MARYLAND BEALTH AND MENTAL HYG CICATE OF DEATH	REG NO. 8	576
	2.5		ECEASED NAME FIRST	WIDDLE		LAST		DAY YEAR 26 HOUR
moy be	d de		Emil	y F	R	ice	7/04/87	M
9	e e	3. St	X	4 RACE	5 DATE (			NONTHS DAYS HOURS MIN.
5 1	5/	1	female	White	6	10 10	7.7. YRS.	
4 7	124	7a. E	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIE	D NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
1		1	Maryland	USA	WIDOWI		Allegany	MD.
9	00	Ι.	It. Savage	(IF NOT IN SUCH FACILITY, GIVE STREE Foundry R	T ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE  NUTSES Aide	126 KIND OF BUSINESS OR INDUSTRY.  Infirmary
100	1 12	USU		PROTHER INSTITUTION, GIVE RESIDENCE BEFO		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	
124			MD Alle	gany Frostbu		YES NO	Rt 2 Box 469	21532
iid ii		14. F	ATHER'S NAME FIRST	MIDDLE LAST	7-1	15. MOTHER'S MAIDEN NA		IZAL
pet de			Henry	W. Letz		Grace	Mc	Kenzie
xecu	Poges		WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)		17. INFORMANT	ADDRESS	
p e e	E A		No	236 36	2029	Cora Carte	er, Mt. Savage	
art-ficate	event, th		PART I. DEATH WAS CAUS	only ane cause per line far (a), (b), a ED BY: (TE CAUSE (a)	nd (c).)	Feirline P	HS acute MJ.	BETWEEN ONSET AND DEATH  BAdden
of the death of	se remove cort		Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF AS A CONSEQUENCE OF THE PROPERTY OF THE PROPERT		ngortive lu	and Failine.	Heret
1	0 0		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 1/0
1	The D	N N	Rheumatic.	heart Disease	. 8	Dialuty me	lluts - Anaem	a Plenne Hora
2 5	diene prio	CERTIFICATION	190. DATE OF OPERATION	19b CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
CIAN.	del ham		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING  CAUSE OF DI  (IF EITHER, NOTIFY MEDICAL EXAMINI	ATH HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM LB. P.	ART L OR PART 2}
affendin	t and Me	MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC )	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
Interior	for use of Healt		saw the deceased alive o	oital) attended the deceased from.  7 2 19 19 10 19 10 19 10 10 10 10 10 10 10 10 10 10 10 10 10	37.0	nd that in (my) (aur) opinian	death accurred on the date and have	1987, that (I) (we) lost and from the causes stated
the har	detoched ore Dept		27h SIGNATURE	3 (Soudhir	ME	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	7 487
d be	A STAN		22d. PHYSICIAN'S NAME (TYPE			22e. ADDRESS		
Y 6 W	3.0/		ne2   2	dhir MD - 1		1 /10 Taum Taux	ance Freethouse	MD 21522

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR Durst Funeral Home, Postburg, Md.

July 6:87

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

23c NAME OF CEMETERY OR CREMATORY

St. George Cometery Mt. Savage, Allegany, Md,

256. Date Rec'd. By Registrar 256. Registrar's signature

250. Date Rec'd. By Registrar 256. Registrar's signature

250. Date Rec'd. By Registrar's signature

250. Date Rec'd. By Registrar's signature

250. Date Rec'd. By Registrar's signature

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page 3 er death

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23 8	EGISTRAR				CERTIF	ICATE OF DEATH	8 / REG. 1	10.1 8	5 7	//
	EASED NAME	FIRST	201	MIDDLE	L	AST	2a DATE OF DEATH		DAY YEAR	26_HOUR 5:17
		LEAH		GRACE	ROB	OSSON	July 19,			ДМ
3 SEX	'emale		4. RACE Whit	e	5. DATE O	DAY _ XEAR _	6. AGE (IN YEARS LAST B		WONTHS DAYS	HOURS MIN.
₹a. BIR	THPLACE (STATE OF	r foreign	76. CITIZEN O	WHAT COUNTRY?	8	□ NEVER MARRIED □	9 BALTIMORE CITY Allega	OR COUNTY	OF DEATH	
lo cit Cui	y or town of demberland	1 63	The Me	och facility, give street a morial Hos	G HOME O	ROTHER INSTITUTION  [edical Cntr.	120 USUAL OCCUPA	OF WORKING LIFE		of BUSINESS OR Home
USUA 13a. S1		1136 COUN		GIVE RESIDENCE BEFORE  131. CITY OR TOWN  Cumber 1.	V _	138. INSIDE CITY LIMITS?	Rt. #	ZIP CODE	21 33 Bed	502 ford Ro
14 FA	THER'S NAME FIRST Silas		WIDDIE	LAST <b>Blbi</b> l	n	15. MOTHER'S MAIDEN NA FIRST Amv	MIDDLE		lart <i>s</i> o	ck
	'AS DÉCEASED EVE ES, NO OR UNKNOWN}		MED FORCES? (E WAR OR DATES)	218-68-4		IT. INFORMANT Lois G. E.	ADDI		and, M	D
	18 CAUSE OF DEA	TH (Enter an	lly ane cause po D BY:	er line far (a), (b), one	astal	tie Carcin	4.67440		4	ONSET AND DEATH
CERTIFICATION	PART 2 OTHER SIG	GNIFICANT (		CONTRIBUTING TO D		NOT RELATED TO THE TER	MINAL DISEASE OR CO	20b. IF YES	EN IN PART 10	NGS USED
	210. ACCIDENT WAS U OR CONTRIBUTING	CAUSE OF DEA	HOUR A	OF INJURY A.M. MONTH DA	Y YEAR	21c HOW INJURY OCCUI	YES NO		S CART I OR PART 2)	но 🗆
MEDICAL	21d INJURY OCCU	RRED	21e. PLAC	E OF INJURY STREET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR	OWN	COUNTY	STAIE
	220 I certify that ( saw the deced abave, (1) (we)	sed alive on		the deceased from	, an	nd that in (my) (aur) apiniar	, to, to death accurred an the			thot (I) (we) last causes stated
	22b. SIGNATURE	nuto.	mo				MEDICAL ST. DIRECTOR PHYS	AFF ICIAN 🗌	7/19	SIGNED
	Dr. Sur		DR PRINT)			22e ADDRESS	Greene Str	eet 21502		
	DI. Dui	III Gu	pta			Odin	100220110 1			

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pi should be detached for use as the buriol-transit permit. Then please remave carbons with the State Dept. of Health and Mentol Hygiene prior to buriol, cremation, or rem

(VRA 15, 4)

William G. Kight

FOR

Cumberland, MD 7111 22 1987 Julia Scriden Pendage

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		REGISTRAR				ICATE OF DEATH	8 7 REG. N		5 /	7
. m=		OR PRINT!	FIRST	MIDDLE		AST	120,01112 01 0211111	MONTH DAY		b. HOUR
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fter of	3. SE	х	4. R	ACE	5. DATE O		6. AGE LIN YEARS LAST BIR	(HDAY) IF U		FUNDER 24 HRS
recto urs a		Female		White	Apr		77	YRS.		
1/235		RTHPLACE (STATE OR FOR COUNTRY) MD		USA	WIDOWE		Allega	any		MD.
50		or town of death Cumberland	11.	NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Memorial H	STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF Presiden	ON F WORKING LIFE)	2b. KIND OF INDUSTRY	Auto Stores
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E >= ====	14. F	THER'S NAME				15. MOTHER'S MAIDEN NA				2002
ompletel		C.		sworth Ro	senmer		Adah		Peeb	les
e execu		WAS DECEASED EVER IN YES, NO OR UNKNOWN) (	U.S. ARMED	RORDATESI	SECURITY NO. 05-6042	Mary Paul	man. LaVa.			
			Enter poly p	ne couse per line for (n)	(b) and (c) )		,	1	APPROXIMA	ITE INTERVAL SET AND DEATH
rificate b physicia an papers. emaval.			CAUSED B	ne cause per line far (a), ( f; AUSE (a)	ucus	motisco			7	SET AND DEATH
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aher i		gave rise to immed cause (a), stating underlying cause		DUE TO, OR AS A CON	SEQUENCE OF	1				
ugnet that a ugnet by to by mr. crem njury, or other	z	PART 2. OTHER SIGNIF	CANT CON	IDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	MNAL DISEASE OR CON	DITION GIVEN I	N PART Iro	
law r	CERTIFICATION	19a. DATE OF OPERATIO	N	19b. CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WI	G CAUSES O	S USED F DEATH?
N: The Inysician.	E	210. ACCIDENT WAS UNDER		21b. TIME OF INJURY HOUR A.M. MONTE	L DAY VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	TY IN ITEM IB PART I	OR PART 2)	
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NDING PHYSICI, or attending p R: After this certi use as the burial- dealth and Menta is marked aratem	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C		211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
ar African				attended the deceased t	from G-	7 19 57		3 19	F) the	(we) lost
prital prital TOR for u of Ho		sow the deceased	olive on	ew the body after death.	19 87,01	nd that in (my) (our) opinion	death accurred on the de			
HOSPITAL OR ATTENDING PHYSICIAN: The ined by the hospital or attending physician FUNERAL DIRECTOR: After this certificate he wild be detached far use as the burial-transif phite State Dept. of Health and Mental Hygien ORTANT: If them 21 is marked and the 18show		22b. SIGNATURE	730	lleni	-	DEGREE ATTENDING PHYSICIAN C	MEDICAL STAF	F IAN []	22c. DATE SK	
SPITAL J by th NERAL be deto e State		22d. PHYSICIAN'S NAM	E LYPE OR PRI	NT)		Las ADDOCCO	Frederick St		-	
retained by to TO FUNERAL should be detained to with the State with the State IMPORTANT:		Dr. A. E				Cumb	erland, MD			
F 2 1 1 1 1		BURIAL, CREMATION, REASPECIFY)		3b. DATE		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		утиш	STATE
BP		Burial	IJ	ul.6,1987	Rose H	ill Cem.	Cumberla		legan	_
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FL	JNERAL DIRECTOR William	G. K	Kight Cumb	erland	MD 250 DAT	E REC'D. BY REGISTRAR 1 3 1987	25b. REGISTRAR	SSIGNATUR	E

President & Managor Teller

Mo Allegany Comberland M 509 Hill op Dr. 21502 4 C. Ellquorth Accementel R. .dah Peobles

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וסנ	100	0 0	JUL	24	LIVE	EASED NAME		FIRST		WIDDLE			AST		20. DATE	OF DEATH	MONTH	DAY	YEAR	2b HOUR
	8	8	0	1	im cat	OH PRINT!	DO	WALD	GR	RAYSON		RO	OTRUCK		100	JUL	Y.	18,	1987	2:40A M
	ê.	B	10		1.5EX				4 RACE			5. DATE C		v5 + D	6 AGE (	IN YEARS LAST BI	IRTHDAY)	IF U	NDER I YEAR	HOURS MIN.
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	1	9	1	-	JO CI	Y OR TOWN O	OF DEAT	H /				HOSPIT	R OTHER INSTITUT	TION	TYPE OF W	ORK FOR MOST	OF WORKI	NG LIFE)	INDUSTRY	OF BUSINESS OR
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AND 2	24 ho	filled	8		13a. S	TATE	V	36 COUN	eral	13c. CITY		WN	13d INSIDE CITY L	LIMITS?	Rt 4	T ADDRESS Box	96°C	ODE 2	6726	99999
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BALTIMORE,	cote	Physica	oper vol.			18 CAUSE OF	DEATH	Enter an	ly ane cause p	per line for to	a), (b), c	and Ic	A						BETWEEN	XIMATE INTERVAL NONSET AND DEATH
ST.,	1	d b	remo			171111111111111111111111111111111111111			E CAUSE (a)	Ca	d	copy	lugn	سه	20	ene	Z			
NO	th o	attendir	ation, ar			1.51			DUE TO.	OR AS A CO	DNSEQ	UENCE OF	C 1.		0					
RES	0	a a	no to			Conditions, i gave rise t	o imme	diate	(b),	_ 5	2	u	300	us						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	t t	y th	, crem			couse (a), underlying		the lost.	DUE TO.	OR AS A CO	DNSEO	UENCE OF								
201	es ‡	ed t	pleo uriol,			PART 2 OTHE	R SIGNI	FICANTO	CONDITIONS	CONTRIBUT	ING IO	D DEATH BUT	NOT RELATED TO	THE TERM	IN AL DISE	ASE OR COL	VDITION	GIVEN	IN PART 1	10
SDS,	un bi	Sign I	to by		Z O					COLTRIDO		<u> </u>		1112 121111		, IDE 011 001	-0111011	011211		
0	3	beer	prior ony	71	CERTIFICATION	190 DATE OF C	PERAT	NC	19b CON	NDITION FO	R WHIC	H OPERATIO	N WAS PERFORME	ED.	200 AL	JTOPSY?				INGS USED
AL RE	he	0 -	ene ows		TIFIC										YES	] NO [	IIN CI	YES 2	CAUSE	S OF DEATH?
VIT	Z	physici	Hyg 18 sh	7	CER	21a. ACCIDENT V		_	110110	OF INJURY		DAY YEAR	21c. HOW INJUR	Y OCCUR	RED (ENTER	NATURE OF INJ	URY IN ITEA	A 18 PART I	OR PART 2)	
0	SICIA	g p	entol- fem		CAL	OR CONTRIBUTION	_		1111	P.M.		19								
O S	PHYS	this o	d Me	1	MEDICAL	21d. INJURY O				E OF INJUR		E FARM ETC )	21f LOCATION			CITY OR T	OWN		COUNTY	STATE
N	Ů Ž	fter	e as th aith an morke		<	AT WORK	NOT WHILE AT WORK													
_	Q.	R. A	Head is m			220.1 certify t				the decease	ed fram			9	, to			, 19_		, that (I) (we) lost
	ATTE	Spire	t. of m 21				(we) (die	d) (did na	t) view the ba	dy after dea	th. 19		nd that in (my) (aur	r) opinion	deoth occu	rred on the	dote and	hour an		
	Ö	Dire h	Dep M He			22b. SIGNATU	RE	+0	7 0	_			DEGREE ATTE	NDING .	MEDIC/	AL STA	AFF			20/87
	ITAL	by the	Stote NT.	-		224 PHYSICIA	AA IA 2'L	AF (TYPE	ne		2/	us	PHY:	SICIAN [	MEDICA	OR PHYS	IC IAN	]	- ' (	10/8/
	10 SP	Page 1	the ORTA			DR. R			LINO				900 SET	ON DR	IVE,	CUMBE	RLAN	D, M	D 21	502
	101	TO	should be det with the State IMPORTANT:	+	23a P	URIAL, CREMA					1 23.	NAME OF C	EMETERY OR CREA			CATION	-	-		
al	194	DD	G	7		specify)	HOIN, K	LMOVAL		22 198			Cemeter;			Marti	n	G	rant	WW
77	1 1	Dr.	-		_	INERAL DIRECT									E REC'D) B	Y REQISTRA	R 256. RE	GISTRAR	R'S SIGNTA	NTURE
	DH/	MH - 16 (VRA )	60M 7/	B4	A.	Craig	Rotr	ruck	85 S M	ain S	t Ke	yser, W	V 26726	J	JL 4	1907	U	9-		

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#### STATE OF MARYLAND

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIEN
CF	RT	FICAT	FOF	DEATH	

FOR STATE REGISTRA			DAVID  SELF  S. DATE OF BIRTH MONTH Sept. 1, 1957  29  VRS.  MARRIED NEVER MARRIED NEV	. 0						
CEASED NA			MIDDLE	14	SI		The state of the s	Y YEAR	25 HOUR	
TYPE OR PRINT)						20. DATE OF BEATT	wit and		Za HOOK	
	CHARLES		DAVID						7:00	
SEX		4. RACE			DAY YEAR	6. AGE (IN YEARS LAST B			HOURS N	
Male		White		Sept	. 1, 1957					
. BIRTHPLACE	(STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIET	NEVER MARRIED			F DEATH		
Maryland	Ē	U.S.A.				Allega	any			
CITY OR TOW	N OF DEATH				R OTHER INSTITUTION			126. KIND OF	BUSINESS	
Cumberla	and						OF WORKING LIFE)	Restau	rant	
SUAL RESIDENCE	E (IF NURSING HOME	OR OTHER INSTITUTION	, GIVE RESIDENCE BEFORE	ADMISSION)		1				
Maryland	136 CC	legany						ot / 3	1502	
FATHER'S NAM		regary	Canberra	II.a			He Stre	EL / 2	1302	
FIRST		MIDDLE			FIRST	MIDDLE		Nichol	con	
Van	ED EVED INTO	Buren		HTVNIO						
YES, NO OR UNK		GIVE WAR OR DATES	100							
No		-	237-96-0	615	Huston Leath	Cun	perland			
18 CAUSE	OF DEATH (Enter	only one couse per	r line for (o), (b), and	(C)	044-	1 1	777.4	APPROXIA BETWEEN O	NSET AND DE	
PARI I.		NATE CAUSE (o)	BILATE	TRAI	YTUELL	MONIA		3D	AVS	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00										
190 DATE C	F OPERATION					101	T20h JE YES A	WERE FINDIN	GS LISED	
ACCIDENTIFICATION ACCIDENTIFIC					TO THE STATE OF TH		IN CERTIFYI	NG CAUSES		
21a. ACCIDEN	NT WAS UNDERLYING			Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PAR	T   OR PART 2)		
OR CONTRIBU	ITING CAUSE OF	DEATH								
	OCCURRED	21e. PLACE	OF INJURY		211. LOCATION			COUNTY	STATI	
				OLL EXC.1	STREET	CITY OR I	OWN			
AT WORK — AT WORK										
220.1 certif	y that (1) (this ho	ispital) attended th	ne deceased from 🚙	RM, ETC )	STREET	7. to 7-	- 30 <sub>19</sub>	87.	hot (W(we)	
220.1 certif	y that (1) (this ha	ispital) attended th	ne deceased from 🚙	6-	STREET . 19	7.10. 7-	30 19	7, tond from the c	hot (we)	
220.1 certif	y that (1) (this have deceased alive (1) (we (did) (did	ispital) attended th	ne deceased from 🚙	1. on	d that in my (our) opinion	7.10. 7-	30 19	ond from the c		
220. I certification of the saw o	y thoy (1) (this have deceased alive (1) (we (did) (did)	on 3 not) view the body	ne deceased from 🚙	1. on	d that in my (our) apinion DEGREE  ATTENDING PHYSICIAN	deoth occurred on the c	dote and hour c			
22a. I certiff sow th above 22b. SIGNA 22d. PHYSIC	y that (1) (this have deceased alive (1) (we (did) (did TUPE	on 3 not) view the body	ne deceased from 🚙	1. on	d that in my (our) opinion DEGREE ATTENDING PHYSICIAN	death occurred on the o	dote and hour o			
220. I certification of the saw o	y that (1) (this have deceased alive (1) (we (did) (did TUPE	on 3 not) view the body	ne deceased from 🚙	1. on	d that in my (our) opinion DEGREE ATTENDING PHYSICIAN 2 272. ADDRESS 47 V	7. to 7. death occurred on the	dote and hour of			
220. I certification of the solution of the so	y that (1) (this have deceased alive (1) (we (did) (did TUPE	ospital) attended the on 2 - 3 and on 2 - 3 and on 2 and	offe deceased from 19	1. n	d that in my (our) opinion DEGREE ATTENDING PHYSICIAN 2 272. ADDRESS 47 V	deoth occurred on the occurred	dote and hour of the citan and	7/3	IGNED O	
sow the above 22b. SIGNA 22d. PHYSIC	y thou this ho e elected did idid TURE TAN'S NAME (TV	ospital) attended the on 2 - 3 and on 2 - 3 and on 2 and	re deceosed from 19 votte deoth.	AME OF CI	d that in my (our) opinion DEGREE ATTENDING PHYSICIAN 278 ADDRESS 47 V Cumb	deoth occurred on the occurred	dote and hour of the citan and	7/3	GIGNED	
22a. I certiff sow th above 22b. SIGNA 22d. PHYSIC	y that (1) (this have deceased alive (1) (we (did) (did TUPE	on 3 not) view the body	ne deceased from 🚙	1. on	d that in my (our) opinion DEGREE ATTENDING PHYSICIAN	death occurred on the o	dote and hour o			

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMI	ENI	OF	HE	AL	TH	AND	MENTAL	HYC
	CE	RTI	FI	CA	TE	OF	DEATH	

	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY	GIENE REG.	NO.	8 5 8	3 2	
	CEASED NAME FOR PRINT)	FIRST		MIDDLE	ı	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HQU	0450
(	CORPRINT	BARBA	RA	L.	SE	ELL	\$5 E	07	14 198	47 -	AM
3. SE	Х		4 RACE		5. DATE C		6. AGE TIN YEARS LAST E	(RTHDAY)	IF UNDER TYEAR		
F	emale		Whi	te	June	e 14, 1939	48	YRS	MONTHS DAYS	HOURS	MIN,
a. B	IRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY				
	aryland		U.S	.A.	WIDOWE	_		ALLE	GANY		MD.
10. C	ITY OR TOWN OF I	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST		126. KIND C	OF BUSINE	SSOR
C	umberland	l		ns Manor		ng Home	Homemak	er ,	HC (FE)	me	
13a. S	AL RESIDENCE (# N STATE aryland	13b. COUN Alle	łTY YT	GIVE RESIDENCE BEFORE 136. CITY OR TOW Cumberl	/N _	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS Lions M	/ ZIP CO anor	9 <sup>E</sup> 21502		
14. FA	ATHER'S NAME FIRST Howard		MIDDLE	Duckwo	rth	15. MOTHER'S MAIDEN N. Eula	AME		Bah	r	
	WAS DECEASED EV			16h. SOCIAL SECU	IRITY NO.	17 INFORMANT	ADD	RESS			
(	YES, NO OR UNKNOWN)	{IF YES, GIV	E WAR OR DATES)	216-40-3	351	Allen M. Sei	ll, JrAdd	ress	same as	#13 8	above
CERTIFICATION		ny, which immediate ating the use lost.	DUE TO, O	nia.	ENCE OF DEATH BUT	NOT RELATED TO THE TER.	MINAL DISEASE OR CO				
TIFIC/	DATE OF OPE	KATIOI	176. COND	TION FOR WHICH	OFERATIO	IN WAS FERFORMED	YES NOX	IN CER	TIFYING CAUSES		TH?
	210. ACCIDENT WAS OR CONTRIBUTING [ {IF EITHER NOTIFY M	CAUSE OF DEA	TH HOUR A.	OF INJURY .M. MONTH D .M.	AY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF IN	JURY IN ITEM 1	8 PART   OR PART 2)		
MEDICAL	21d. INJURY OCC	WHILE WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR	IOWN	COUNTY	S	TATE
	sow the dece obove, (I) (we	osed alive on	the same of the sa	ne deceased from	5 - or	nd that in (my) (our) apinion	to 7 = /	dete and h	9 /	that (1) (v	
	226. SIGNATURE	Rang	ilhan			DEGREE  ATTENDING PHYSICIAN  22e. ADDRESS	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	7	SIGNED 14-8	7
	VIMAL	-A.0	0.4	NJIT-	IAN.	Meml. Hosp.		-Cumb	erland,	MD	21502
23a. E	BURIAL, CREMATIO	N, REMOVAL	23h. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY		TATE
E	Burial		7-16-			Sap Vet. Cem.	Cumberla				and
	UNERAL DIRECTOR	ocorge		ch Funera		10, 1	TE REC'D. BY REGISTRA	R 25b REGI	ISTRAR'S SIGNAT	URE	Sin.
2	202 Green	e St-Cu	umberlar	nd, Maryla	and 2	1502	11 20 1987	Julia	Davidson-	Corporation	7

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complesshould be detached for use as the burial-transit permit. Then please remove carbon agents, Pages 1 and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic weath ith

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  O HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after death. I To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral is should be detached for use as the buriol-transit permit Then please; remove corbonappers. Pages 1 and 2 should be filled within 72 hours the State Deat of Health and Mental Hvaiene miles redexing it remains.	à
o) W. PRESTON ST., BALTIMORE, MARYLAND 21201 that the death certificate be executed within 24 hours after a by the attending physician and completely filled in by the lease remove corban popers. Pages 1 and 2 should be filed with	6
01 W. PRESTON ST., BALTIMORE, MARYLAND 21201 that the death certificate be executed within 24 hours a dby, the attending physician and completely filled in by descriptions on a contamore corban papers. Pages 1 and 2 should be filed, referention, or removal.	á
01 W. PRESTON ST., BALTIMORE, MARYLAND 21 that the death certificate be executed within 24 had by the attending physician and completely filled in lease fermore corban popers. Pages 1 and 2 should be billed in contact of the property of t	
01 W. PRESTON ST., BALTIMORE, MARYLAND that the death certificate be executed within 24 db; the attending physician and completely fille lease!remove corbanappers. Pages 1 and 2 should db., chemation, or removal.	pi
o) W. PRESTON ST., BALTIMORE, MARYL, that the death certificate be executed within dby, the attending physician and completely designation conductions of completely designation or removal.	N
o) w. PRESTON ST., BALTIMORE, MAR. that the death certificate be executed w by the attending physician and comple ease!remove corban popers. Pages 1 and following or removable.	-
o) W. PRESTON ST., BALTIMORE, I that the death certificate be executed by the attending physician and confease enemoye corban papers. Pages 1 in the mation, or removal.	1
ot w. PRESTON ST., BALTIMOI  that the death certificate be executed by the attending physician one designation on contact the corbon papers. Page 161, chemotion, or remayold	
on W. PRESTON ST., BALTIII that the death certificate be be the other back of by the attending physician lease fremove corban papers. In the other papers.	
ot W. PRESTON ST., BA that the death certificat d by the attending physical each each appropriate of the mattending, or remove	
on W. PRESTON ST. that the death certified by the attending procedure of the content of the cont	
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on W. PREST that the dec d by the atte	
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DIVISION OF VITAL R  O HOSPITAL OR ATTENDING PHYSICIAN, The Indianal by the hospital or attending physician. TO FUNERAL DIRECTOR, After this certificate has fishald be detached for use as the burial-transit per with the State Deat of Health and Mental Purciser	

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1-	FOR STATE			DEPARTA	NENT OF H	OF MARYLAND EALTH AND MENTAL HYG	IENE 87	-18	58	3
24	DEGISTRAR			IDDLE		AST	20 DATE OF DEA	G. NO.	3 -	<u>0</u> .
(TYPE	OFPRINT)	FIRST	~	NDDLE	U	ASI	Za. DATE OF DEA		BAKT SPEAR	TD. HOUR
		HETTIE		RGINIA	SE	YMOUR		July :		
3. SEX	K		4. RACE		5. DATE O		6 AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	Female		White		May	18 1917	70	YRS		
	RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	8.	□ NEVER MARRIED □	9. BALTIMORE C	TY OR COUNT	Y OF DEATH	
	st Virgin	nia	U.S.A		WIDOWE		A11	.egany		MD.
_	TY OR TOWN OF				G HOME O	R OTHER INSTITUTION	12a USUAL OCCU	JPATION		OF BUSINESS OR
	Cumberla	. d		rial Hos	_		Beautic		Beau	ty Shop
ÚSÚ	AL RESIDENCE AFF	NURSING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE					( 45 A	Mary Company
13a. S	WV	Hamps		Romney	N	YES NO A	P. O. B	ess / zip col ox 174	DE	26757
14. FA	THER'S NAME			Tour.		15. MOTHER'S MAIDEN NA				
	Robert		liam	Lewis		Marry	Belle	S	tewart "	.51
	VAS DECEASED EN			166 SOCIAL SECU	RITY NO.	17 INFORMANT	A	DDRESS		26761
()	YES, NO OR UNKNOWN	(IF YES, GIV	E WAR OR DATES)	219-03	0000	Joyce V. McD	onald, R	t. 2,Bo	x 8, Sh	
	18 CAUSE OF DE PART I. DEATI Conditions, if gove rise to couse (o), st	IMMEDIAT Dry, which immediate	D BY:  TE CAUSE (o)  DUE TO, OR  (b)	AS A CONSEQUE	NCE OF	in Vena	Arra Cava	Syni	APPRO- SETWEEN	kimaté interval Onset and Déath
		ouse lost.	(c)_	AS A CONSEQUE	110	Static 182	exst (	9		
NO	PART 2. OTHER S	IGNIFICANT (	ONDITIONS <u>CC</u>	INTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION G	IVEN IN PART 1	10
CERTIFICATION	19a DATE OF OPE	RATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY	IN CERT	ES, WERE FIND IFYING CAUSE YES []	
	21a. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEA		M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURI	RED (ENTER NATURE C	DF INJURY IN ITEM 18	PART : OR PART 2}	
MEDICAL	216 INJURY OCC	URRED	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
	sow the dec	eased alive on		deceosed from	, or	nd that in (my) (our) opinion DEGREE  ATTENDING	MEDICAL	STAFF	our and from the	that (I) (we) last e couses stated
	-		// -			PHYSICIAN E	DIRECTOR   PI	HYSICIAN [	/	10/

If Hem 21 is sow the deceased alive on obove, (I) (we) (did) (did no 226. SIGNATUTE MPORTANT 22d PHYSICIAN'S NAME (TYPE OF PRINTIL) 22e. ADDRESS Memorial Hospital Medical Building Dr. Zaman Cumberland, MD 21502 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 236. DATE CITY OR TOWN Hampshire Burial 7/19/87 Romney Ebenezer Cemetery 250 DATE REC'D BY REGISTRARIAN ASSISTED BY 24 FUNERAL DIRECTOR Shaffer Funeral Home, Inc. DHMH - 16 60M 7/B4 Sarah S. Morgret Romney,

15 20 188 of 10

•	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
O HOSPITAL OR ATTEN	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be attached by the haspital or attending physician.
TO FUNERAL DIRECTOR: should be detached far us with the State Dept. of He	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remane carbanapers. Pages 1 and 2 should be filed within 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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MPORTANT

1-	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	IENE 87		584			
	ASED NAME	FIRST		AIDDLE		AST	20 DATE OF DEATH	MON'H		. HOUS		
	RI	UTH	EV	ERETT	S	HADE	J	uly 24,	1987 1	2:35 pm		
3. SE	x	4	RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) # UNDER 1 YEAR IF UNDER 24 HR					
-1	FEMALE		WHITE		4/5	/1899 YEAR	88	Jones Mills				
	RTHPLACE (STATE OR I	OREIGN 71	CITIZEN OF	WHAT COUNTRY	? 8.	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
M	ARYLAND		U.S.A		WIDOWE	D DIVORCED		Allegan	ıy	MD.		
(	TY OR TOWN OF DEA		(IF NOT IN SUC	Memo:	et ADDRESS) rial Ho	ospital	170. USUAL OCCUPAT (TYPE OF WORK FOR MOST) HOUSEW IF	OF WORKING LIFET		OME		
13a. S MA	AL RESIDENCE (# NURS STATE RYLAND	ING HOME OR O  ISB. COUNT  ALLE	Y	GIVE RESIDENCE BEFOR TO LaVAL		13d. INSIDE CITY LIMITS?		ZIP CODE	2150 HIGHWA			
	LEWIS		B.		NOR	JANE	MIDDLE		DAVIS			
16a. V	VAS DECEASED EVER VES. NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	214-74		MR. RAYMON	LaVATE D SHADE, 8		21502 FIONAL	HGWY		
	PART I. DEATH W  Canditions, if any, gove rise to imm couse (a), statin underlying cause	Which nediote	DUE TO, OF	AS A CONSEQ	UEHOE O	whomy o	nent		APPECXIONAL SET WITH CONST	Control of the second		
CATION	PART 2. OTHER SIGN	206	Ayon	mi, es	9/	NOT RELATED TO THE TERMI	200 AUTOPSY?	20b. IF YES, V	VERE FINDINGS			
TF					,		IN CERTIFYING CAUSES OF D			DEATH?		
MEDICAL CERTIFICATION	210. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIA 21d. INJURY OCCURR WHILE NOT WAS AT WORK AT W	P.A 21e PLACE (	A. MONTH A.	19	21c. HOW INJURY OCCURR 211 LOCATION SIREET	IRY IN ITEM 18 PART	(COUNTY STATE					
	22a.1 certify that (1) saw the decease above, (1) (ve) (c 22b. SIGNATURE		4 -9	0	87. or	19 19 19 de			nd from the cou	ENED		
	22d. PHYSICIAN'S NA	AME (TYPE OR F			h	22e. ADDRESS 955 Fr	reet	7/26	147			
			Dr. Bollino			Cumber	land, MD 2	1502	502			
- 1	SPECIFY)		23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		OUNTY	STATE		
B	TRIAT	19 30	7/28/	127 E	CRITAT	TOTAL TOTAL		TETA A POTE	MD			

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

new Davidson Randack

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and completely filled in by the funeral director, page 3 should be detached for use as the busind-transit permit. Then please remove carbon pages? Pages 1 and 2 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

### STATE OF MARYLAND

	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE		
	CE	RTIFICATE	OF	DEATH	8	7	R
-							

	ASED NAME	FIRST		MIDDLE		LAST		20. DATE OF	DEATH A	нтиом	DAY YEAR	2b HQUE
(TYPE OR	PRINT) Al	ice	Sus	san	She	eller		H. X	Jur	ne 2	24 1987	
3. SEX		4.	RACE		5. DATE (		YEAR	6. AGE (IN Y	EARS LAST BIRTH	HDAY)	MONTHS DAY	
	Female		Whi	te	6	10	03	84		YRS.		3 MOOKS
	HPLACE (STATE OR FO	REIGN 76	CITIZEN OF	WHAT COUNTRY	? 8	D NEVER					TY OF DEATH	
	nna		USA		WIDOWI	-	VORCED		A	llega	any	
10 CITY	OR TOWN OF DEAT	н 1	I. NAME OF	HOSPITAL, NURSI		OR OTHER INS	TITUTION	12a. USUAL O				OF BUSINES
M	esternpor	t	Moran	Manor N	ursing	Home		Homema		WORKING		stic
USUAL R	RESIDENCE (IF NURSIN	IG HOME OR OT		GIVE RESIDENCE BEFO		1 13d, INSIDE C	TV HANTCA	13e.STREET A		710.000	-0.	1
		Allega		Western		YESXX	NO [	138.51 KEEL A	ADDRESS /	ZIP COL	04	56
14. FATH	ER'S NAME		DDIE	LAST		15. MOTHER	S MAIDEN NA	ME				
	Russell		) .	Coble		N	first larv		WIDDLE			lenber
16a WAS	DECEASED EVER IN	U.S. ARMI	ED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMA			ADDRES	SS	301	Tellbei
(YES,		(IF YES, GIVE V	VAR OR DATES	190-39-	_0000	Fline	hath D		. 1 3 P	.0.	Box 21	1
	CAUSE OF DEATH			180-38-		LILZE	ibern F	itzgera	ma, r	ayeı	LEVIII	OXIMATE INTERVENIONSET AND I
8	Conditions, if ony, gove rise to immeouse (a), stating underlying couse	ediote the	(b)	DR AS A CONSEQU	Com	7	Arts	dore				
9 0 1 P/	ove rise to imme	the lost	(b)	dr as a consequ	Communication	7	Arts O TO THE TERM	AINAL DISEASI	E OR COND	DITION G	SIVEN IN PART	1to
9 0 1 P/	gove rise to imme ouse (a), stating anderlying couse	ediote the lost.	(b) DUE TO, CO	dr as a consequ	UENCE OF			AINAL DISEASI		20b. IF Y	ES, WERE FIN	DINGS USED
9 0 1 P/	gove rise to imme ouse (0), stating anderlying couse	ediote the lost.	(b) DUE TO, CO	DR AS A CONSEQU	UENCE OF					20b. IF Y		DINGS USED
CERTIFICATION 130	gove rise to immediate (a), stating couse (b), stating couse ART 2 OTHER SIGNI DATE OF OPERATION (a), ACCIDENT WAS UNDE	ediote the lost.  FICANT CO	DUE TO, CO (c)  INDITIONS C  19b. COND	ONTRIBUTING TO	COMMUNICE OF	N WAS PERFO	DRMED	20a AUTC	PSY?	20b. IF Y IN CERT	ES, WERE FIN TIFYING CAUS YES	DINGS USED ES OF DEATI
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AEDICAL CERTIFICATION  10  11  12  13  14  15  16  17  17  18  18  18  18  18  18  18  18	gove rise to immedouse (a), stating couse (b), stating couse aRT 2 OTHER SIGNI DATE OF OPERATION (c), ACCIDENT WAS UNDER CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA (d) INJURY OCCURRE	ediote the lost.  FICANT CO  ON  RLYING   SUSE OF DEATH ALEXAMINER)  ED  ED	DUE TO, CO (c)  NOITIONS C  196 COND  216, TIME C HOUR A P 71e PLACE	ONTRIBUTING TO	UENCE OF  DEATH BUT  TH OPERATIO  DAY YEAR  19	21c. HOW IN	DRMED	200 AUTO	NO DITURE OF INJURY	20b. IF Y IN CERT Y IN ITEM TB	ES, WERE FIN TIFYING CAUS YES  B PART I OR PART 2	DINGS USED ES OF DEATI NO
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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

60887 JUL 2	87	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	0 3 1	9 - 9 -
ay be age 3 deoth		CEASED NAME FIRST HAZEL	MARIE .	SHINHOUT	20. DATE OF DEATH	DAY / HAM 26. HOUR 6. 45 PM
h may	3. SE	Female	PACICASION	5. DATE OF BIRTH  MONTH  DAY  1894	6. AGE (IN YEARS LAST BIRTHING)	P UNDER LIFEAR OF UNDER 24 HR), PROVING STATE HOURS ANH.
35		IRTHPLACE (STATE OR FOREIGN COUNTRY)  MARYLAND  ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY?  IJSA  11. NAME OF HOSPITAL, NURSII	MARRIED NEVER MARRIED WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	9. BALTIMORE CITY OR COUN  ALLEGANY  12a USUAL OCCUPATION	MD.
be filed w	USU	CUMBERLAND ALRESIDENCE (IF NURSING HOME OF	(IF NOT IN SUCH FACILITY, GIVE STREET CUMBERLAND NURS OTHER INSTITUTION, GIVE RESIDENCE BEFOR	ING HOME E ADMISSION)	TYPE OF WORK FOR MOST OF WORKING FOOTER DYE WORK  138 STREET ADDRESS	
core be executed within 24 hours systicins and completely filled in by open Fagure 1 and Schools be file wol.  It, the medical examper partition in	N	MARYLAND ALLI	EGANY CUMBERL		ME MIDDLE	LAST
Fuges 1 all		JOHN WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN)   [18 YES, GIV	W. SHINHOLT  RMED FORCES? 166 SOCIAL SECTOR  VE WAR OR DATES)  214-05-70		L. SM ADDRESS  OLE 205 PIEDMONT	TAVE CUMBERLAND
certificate the physician physician proper remayal.		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), ar		Preumonia	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
the deoth remove ca emotion a		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE	Organic Fran	in Syndrom	e years.
equires Then p to bur	NOI		( (c)CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM		
The low rection. The low re has been is the permit. I giene prior	CERTIFICATION	198 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO	YES, WERE FINDINGS USED STIFYING CAUSES OF DEATH?  YES NO NO
IG PHYSICIAN: The attending physicio attending physicio art this certificate is the buriel-tronsit in and Mental Hygie rked or them 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINE)  21d INJURY OCCURRED	ATH HOUR A.M. MONTH D P.M. 210. PLACE OF INJURY	19 21f. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM	COUNTY STATE
DIN OF SE OS	W		(AT HOME, STREET, FACTORY, OFFICE, ital) ottended the deceosed from		, to	, that (I) (we) lost
Dep Hel		sow the decessed olive or obove, (I) (we) (did/)d no 22b. SIGNATURE	ot) view the body ofter death. 19_	DEGREE	MEDICAL STAFF	22c. DATE SIGNED
TO HOSPITAL C retained by the TO FUNERAL D should be detoo with the Stote D		DR. SUNIL	K. GupTA	22. ADDRESS GREE	ene St. Cumber	land Md.
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL UNERAL DIRECTOR		NAME OF CEMETERY OF CREMATORY  DSE HILL CEMETERY  1250. DAI	CUMBERTAND AL	LEGANY MARYLAND
DHMH - 16 50M 4/82 (VRA 15, 4)		NAME	FUNERAL HOME CU	MBERLAND MARYLAND	L Z 1 1987 5	- Comment of the Comm

07/84 25M

**DHMH - 17** (VR A15 ME (5))

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	STATE OF MARY	LAND
DEPARTMENT	OF HEALTH AN	D MENTAL HYGIENE

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78	TATE					MENT OF										
	REGISTRAR			MED		EXAMIN	IER'S	CERTIF	CATE	OF DE	ATH	REG. I	10,	" <u>()</u>	1	
	EASED NAM	E FIRST			WIDDIE	CATLE	TT	LAST		0	OF DATE K	NOWN ESTI-	MONTH	DA	EAR	2b HC
		JAN	E		LEAF			IPLEY			DEATH	MATED	7	12 198	37	A
3. SEX		4 RACE	5. DATE OF	F BIRTH DAY	YEAR	6. AGE (IN YE		NDER 1 YR.	IF UNDE	R 24 HR	PRONOUN	CED	MONTH	DAY	YEAR	2d H
	nale	Cau	9	18	11	75 Y	RS.	DAIS	HOURS	MIN	DEAD	CLO	7	12 198	37	133
7a. BIF	RTHPLACE (S	TATE OR	7b. CITIZEN	OF WHA	AT COUN	ITRY?	8 MARE	RIED N	EVER MAR	RIED [	9 BALTIMO	ORE CITY	OR COUN	TY OF DEAT	H	
	WV		1		SA			VED 🔀	DIVOR		ATT	egar	lV .			
10. CI	TY OR TOWN	OF DEATH				RSING HOM	E, OR OT	HER INSTIT	JTION		SUAL OCCUP	ATION (T	YPE OF WORK	126 KIND O		
	Cumberl		Rt	8 Bo	x 31	5- Bow	man's	Add:	tion	re	t. aid			hospi	tal	
13a. S1		(IF IN NURSING HOME	1TY	UTION, GIVE	RESIDENCE	OR TOWN	ION)	13d. INSIDE	CITY LIMITS?	13e S	TREET ADDRES	is.		215	0	2
Mar	yland	A11	egany		Cum	berlan	d	YES 🗌	NOX		t 8 Box		Bown	nan's A	/dd	iti
14. FA	THER'S NAME		MIDDLE			LAST		15 MOTH	ER'S MAIL		ΛE	DDLE		LAST		
	1 10 91			rt Ea		Johnson	n		S	tell	a Wolf	ong		5.401		
	AS DECEASE	DEVER IN U.S. AR		5?		CIAL SECURIT		17. INFOR	MANT			ADDRES	55			
	no				214	-07-56	60	Mr.	Rober	t L	. Catle	tt -	Cumb	erland	. Mc	l-s
	18 CAUSE C	F DEATH (Enter or	nly one couse	per line f	or (o), (b	), ond (c).)								APPROX BETWEEN	IMATE I	NTERV.
	PARTIDE	ATH WAS CAUSE	D BY: TE CAUSE (c	Ca	rdio.	-pulmo	nary	arres	t						ıdde	
						SEQUENCE										
		ns, if any, which se to immediate		Ge	nera	lized	arte	riosc	eros	is						
31		) stating the <u>under</u>		TO, OR A	S A CON	ISEQUENCE	OF									
10			( (c													
		IGNIFICANT CONDITIONS							ON GIVEN IN P	ART 1 Iol.						
CERTIFICATION	Pos	t cerebr														
Z	190. DATE OF	OPERATION	19b	CONDITI	ON FOR	WHICH OPE	RATION V	VAS PERFO	RMED?					20 AUTO	PSY?	
TIF														YES		NO
	UNDERLYING	AL CAUSE WAS		TIME OF I		DAY YEA		OW INJUR	Y OCCURR	ED LENTE	R NATURE OF INJU	IRY IN ITEM	8 PART 1 OR PA	ART 2)		
N N	CONTRIBUTI	NG CAUSE OF		P.M.		19										
MEDICAL	21d. INJURY (	DCCURRED		PLACE OF			21f. LC	STREET			CITY OR TOW	N	CC	YTMUC		STA
1	AT WORK	NOT WHILE	7		/	$\supset$										
		ify that I took of	ge of the reg	ains desc	pibed abo	ve, held an	Auto	osy .	Inspecto	on X	Inquiry	X,	and in my o	pinion		
	death result	red from: Nati	ral couss	X/	Accident		uicide [	], Hom	icide .		letermined moi		,			
		10	/	/				TITLE (	SPECIFY)							
	ACTUAL SIGNATURE	11/11	11	in	1		^	A.D	Dpty	ME	DICAL EXAM	NER	DATE	ED 7-	-12-	-87
	EVALABLES/C		///	1												
	(TYPE OR PRI	NAME Paul	Snow.	M. D							Hosp. (	Cumbe	rland	Md 21	1502	2
23a. Bl	DEC IEY)	TION, REMOVAL				NAME OF CE				CI	LOCATION TY OR TOWN		COU	INTY	STA	TE
	Bur	ial	07-15	-198	7 D	avis M	emor:	ial Co			Cumber]		Alle	gany	MD	
24. FU	JNERAL DIREC	CTOR		ADDRESS							BY REGISTRAF	25b RE	GISTRAR'S	SIGNATURE	I.o.A	
	Jame	s F. Sca	rpelli	. Cur	nher	land.	MD 27	502	JUL	15	1987	Shills	L Dans	ASV- Kong		

William B. F. Fichery Strategy

# 13 physician and completely filled in by the funeral director, page 3 nanpopers. Pages 1 and 2 should be filed within 72 hours after death irrificate be executed within 24 haurs after death. Page 4 may be DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed is interested by physician and completed for use as the burial-transit permit. Then pless, "under a detached for use as the burial-transit permit. Then pless, "under the State Dept. of Health and Mental Hygiene prior to burial, commit the State Dept. of Health and Mental Hygiene prior to burial, committee and considered or them 18 shows any injury, or other traumatic event, the medical expensions. TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital ar attending physician.

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

87-18788

NIG -6	87	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH	GIENE	0 1 -	1 6	6161	
		CEASED NAME	FIRST		MIDDLE	1	AST	20. DA 6	OF DEATH	MONTH	DAY YEAR	26 OUR
	(1146	M.	ATTIE	1	MAE	SHO	EMAKER	12	Ju	11y 21	, 1987	1:00a
3	. SEX			4. RACE		5. DATE C		6. AGE	IN YEARS LAST BE	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
		female		whit		02	1-23-1901 YEAR		86_	YRS.		
5	a. Bil	OUNTRY) WV	FOREIGN	76. CITIZEN OF USA	WHAT COUNTRY?	MARRIEI WIDOWE	DINEVER MARRIED DINORCED		MORE CITY		ry of DEATH Allegany	, MD.
0	0. C1	ry or town of DEA Cumberland	ATH	11. NAME OF (IF NOT IN SUC	HOSPITAL, NURSIN CHEACILITY, GIVE STREET Memorial	G HOME C ADDRESS) Hosp	rother institution  Ital		ALOCCUPAT ORK FOR MOST DUSEWI		LIFE) 126. KIND ( INDUSTRY OWN	of Business or home
3	USUA 13a S	L RESIDENCE (# NURS TATE MD	136 COUN		GIVE RESIDENCE BEFORE 136. CITY OR TOW OLDTOWN	ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREE RO	t address oute 1	/ ZIP COL Box ]	DE 160/2150	)2
0	4. FA	THER'S NAME FIRST	Oti	s Riggl	eman LAST		15. MOTHER'S MAIDEN N	AME	Wolfe		LA	
Medico		VAS DECEASED EVER ES, NO OR UNKNOWN) NO	IN U.S. AR		166. SOCIAL SECU		Mrs. Mae Co	ckrum,	Oldto		MD - dau	ughter
injury, or affect fraumotic event, the	NC	Conditions, if ony gove rise to improve (o), stotic underlying cause	, which mediate ng the lost.	DUE TO, O  DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS C	R AS A CHSEPT	NOSE OF THE BUT	NOT RELATED TO THE TER		ASE OR COM	VDITION G	IVEN IN PART 1	
2	CERTIFICATION	19s DATE OF OPERA	TION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	78e AL	JOPSYY	IN CERT	ES, WERE FINDI FIFYING CAUSES YES []	
-/ 43		21s. ACCIDENT WAS UNCONCONTRIBUTING []	CAUSE OF DE	ATH HOUR A	DE BUJURY M. MONTH DI M.	AY YEAR	21: HOW INJURY OCCU	RRED (mill	NATURE OF THE	jav moren ik	FART CORPART ()	
	MEDICAL	214 INJURY OCCUR	RED	21s. PLACE	OF INJURY BET, FACTORY, OFFICE, F	1	TH LOCATION	20	17	0	COUNTY	MAN
21 is marked		220.1 certify that if saw the deceas obove, (Ulwe)	(this hosp of alive on	nun	offensed frag	yac	that in (my) (pur) opinion	n death occu	read on the	fate and ho	our and from the	that (I) (we) last couses stated
T. If Rem		27h SIGNAPHE	KU	lem	in		ATTENDING PHYSICIAN	MEDICA	AL STA	AFF ICIAN []	17	12.80
MPORTANI		Dr. Te		villiams			The second second second				ical Bu	ilding
<u> </u>	23a. B	urial, cremation, specify) Buri					EMETERY OR CREMATORY Memorial Ceme	23d LC	CATION CITY OR TOWN	erlanc	COUNTY	STATE
7/84	24 FU	James F.	Scarn	elli. C	mher land	MD 1	21502	ATE REC'D. B	Y REGISTRAL 1987	R 25b. REGIS	STRAR'S SIGNA	TURE

			١.	FOR DURST FU STATE 57 FROS	NERAL I	10ME DEPARTM	NENT OF H	EALTH AND	MENTAL HYG	IENE Q 7.	185	89	
061	267	JUL :		STATE D/ FROS	T AVENU	JE MD 2157	SERTIF	CATE OF	DEATH	REC	s. NO.		
			1. DE	CEASED NAME FIRST	IBUKG,	WPON 2133	1/	AST		20 DATE OF DEAT	H, MONTH E	AY YEAR	26 HOUR
	oy be	5	(TYPE	PERCY		E,	SKI	DMORE		JULY 21	1987	,	2:21A
	moy pag	D D	3. SE		4. RACE		5 DATE O	FBIRTH		6. AGE (IN YEARS LAS	ST BIRTHDAY)	FUNDER I YEAR	IF UNDER 24 HRS
	ge 4	5		Male	Whit	e	Oct	15,	1900	886/	RS.	8 5	8 9
	h. Pag	The second	70. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER.	MARRIED -	9 BALTIMORE CIT			
	deat deat	8		Maryland	U.S.		WIDOWE	D D	NORCED [	ALLE		YTYUC	MD.
	the free		1	TY OR TOWN OF DEATH  Cumberland	(IF COT IN SUC	HOSPITAL, NURSIN		SPITA		12a USUAL OCCUI	PATION OST OF WORKING UM	126. KIND C	F BUSINESS OR
1201	n by		11	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE		SPITA	la _	1131101		war is	71100
ID 21	4 ho	25	13a S	STATE 136 COU	NTY	13c. CITY OR TOW	N	13d INSIDE C		13e.STREET ADDRE		D 4	27 5 28
IAN	hin 2 ily fil			Maryland Al	legany	Eckhar	t	YES MOTHER	S MAIDEN NA	Parker	sourg	Road,	21528
ARY		100	V	FIRST	MIDDLE	LAST		_	FIRST	MIDD	Reph	(A)	57
π, Σ	of Com	6	160 V	VAS DECEASED EVER IN U.S. AI	RMED FORCES?	Kidmore	RITY NO.	17 INFORMA	da	AC	DDRESS	IST11	-
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TAL	20 1	100	1 2	21a ACCIDENT WAS UNDERLYING	7 21b TIME C	E IN II IRY		Tale HOW IN	NILIBA UCCIIBI	YES NO			NO []
<u> </u>	A de Co	10		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TENTER NATURE OF	INJUNE IN THE INTERNAL		
DIVISION OF	PHYSICIAN ending phy the gentice		MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED	P. P	M. OF INJURY	19	211 LOCATI	ON				
/ISIC	正言 生	P P C	¥	WHILE NOT WHILE		REET FACTORY OFFICE F	ARM ETC )	STREE	T 1	CITY	OR TOWN	COUNTY	STATE
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	To se of	10 2 H	1	saw the deceased drive of above, (IL(we) (did) Midel	MULLIN	6Her death.	71	d that in (my	(aur) apinion	death occurred a	ne date and how	and from the	causes stated
	hots REC	2 d E	1	27k you gore	Of View He Dody	Other dedition	0	DEGREE				771 DATE	SIGNED/
	AL C	7 = D	1	( hans)	Will	in	//	1311	PHYSICIAN	DIRECTOR   PH	STAFF YSICIAN []	7/0	449
	A P	14 TA 7	7	THE PHYSICIAN'S NAME THE	OFFICE OF THE OFFI			22e ADDRE				T + 119	1177
	O FILE	WPORT		DR. CHANG	OH			48	ARN	TERRACE,	, FROST	BURG,	MU2153
	75 a 57	± 3 ≥		BURIAL, CREMATION, REMOVAL				EMETERY OR		23d LOCATION	N.	ar. Onvil	TAK LOTATE
	BP		_	Burial	July	26187 P	orte	r Ceme			rt, Al		
	DHMH - 16	60M 7/B4	24 F	UNERAL DIRECTOR		ADDRESS		200	25a. DAT	FREC 2 9 REGIST	RAR 25 by REGIST	Corden	Kondose,
	(VRA	15, 4)		Durst Funer	al Home	. Frost	burg	, Md.		- 100	9		10

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# STATE OF MARYLAND

DEPARTN	AENT (	OF HE	ALTH	AND	MENTAL	HYGIENE				
	CER	TIFIC	ATE	OF	DEATH					

8	FOR STATE REGISTRAR	DEPAR	TEMENT OF HEALTH AND MENTAL H	YGIENE REG. NO.	8 5 9 0
	CEASED NAME FIRST HENR'	MIDDLE Y	SMITH	20. DATE OF DEATH MONTH	19 87 2203 HR
3. SE	× MALE	1. RACE WHITE	5. Date of Birth	6 AGE (IN YEARS LAST BIRTHDAY) 77 YRS.	IF UNDER LYEAR IF UNDER 24 HRS
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR USA	MARRIED WEVER MARRIED WIDOWED DIVORCED	_ I ALLEGANT UU	
CU	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRI	ITAL	126 USUAL OCCUPATION HET WORTE TENESE ING L	17b. KIND OF BUSINESS OR
13a. M	Alle	or other institution, give residence before the control of the con	and YES NO	Winifred and W	
14. F	John John	MIDDLE Smith LAST	15 MOTHER'S MAIDEN Agries	MIDDLE PEE	LAST
	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b. SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	
	no		4220 Mr. Gordon	Smith Frederick M	
	PART I. DEATH WAS CAUS	inly one couse per line for (a), (b), ED BY: ATE CAUSE (a) YOC		action	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7		(c) Gen	DUENCE OF Melli DUENCE OF JED AF O DEATH BUT NOT RELATED TO THE TE	tus Terio s clarossis	VEN IN PART 110
CERTIFICATION	19g DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \( \text{NO} \)
	21g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		n 2 19 19 19 19 19 19 19 19 19 19 19 19 19	6.3	on death accurred on the date and ha	, 19 2 , that (I) ( ) lost ur and from the causes stated
	226 SIGNATURE	skmo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	7/19/87
	DR. JEFFREY	OR PRINT)	MEMORIAL H	OSPITAL, CUMBERLA	ND MD 21502
	BURIAL, CREMATION, REMOVA	7/22/87	C NAME OF CEMETERY OR CREMATOR Dak Hill Cemetery	23d LOCATION CITY OR TOWN Lona coning A	llegany Md.
24. F	al-Warnick Fun	eral Home Lonac	oning, Md.	DATE REC'D. BY REGISTRAR 256. REGIS	Deorder Rondon

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion a should be detached for use as the burial-transit permit. Then please remove carbanpapers. Powith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or ather traumatic event, the

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#### STATE OF MARYLAND

	1-	*				STAT	E OF MARYLAND					
061837 AUG	75	REGISTRAR			DEP		EALTH AND MENTAL H	YGIENE 8	REG. NO.	18	5	91
. n.£		CEASED NAME	FIRST		MIDDLE		AST	20 DATE (	OF DEATH MON	TH DAY	YEAR	2b. HOUR
poge death			JOHN	Н	ERSHEL.	SI	IYDER	JULY				12:38 A
ge 4 mo ector. po rs offer	3. SE	Male		4. RACE	J	5. DATE (		6 AGE (IN YEARS LAST BIRTHDAY)  6 2  WONTHS DAYS  YRS.			HOURS MIN.	
eath. Page 172 hours	7a. B	IRTHPLACE (STATE	OR FOREIGN	U.S.A.   WIDOW			D NEVER MARRIED E	A 7	ore city <u>or</u> co leghany		ATH	MD.
on the fr	1	TIMBERLAN		(IF NOT IN S	F HOSPITAL, NU UCH FACILITY, GIVES TAL HOST	STREET ADDRESS)	DR OTHER INSTITUTION		OCCUPATION ORK FOR MOST OF WOR OTET	RKING LIFE) 12b.	KIND OF	R.
24 hour	130.	AL RESIDENCE (IF	13b COUL	ROTHER INSTITUTIO	IN, GIVE RESIDENCE E		13d. INSIDE CITY LIMITS? YES NO 🔀		ADDRESS / ZIP	<sup>CODE</sup> 2671	79	9999
MARYLAND red within 24 ond 2 incult exongle and	N	illiam							June		Wi1	son
BALTIMORE, cote be executed by spicion and coppers. Pages, vol.		VAS DECEASED EY YES, NO OF UNKNOWN YES		RMED FORCES?			D.A. Burdo	ock Bx	.523 Ki			
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stons		Conditions, if	any, which	DUE TO,	OR AS A CONS	EQUENCE OF	ONIA	COM	MUNT	YN	2011	QEA
DIVISION OF VITAL RECORDS, 201 W. PRESTON  'Contention of the light requirement the death of the this centrative has been a single by the ottending of the burillational people. Then place remove contribution of the burillational people. Then place remove contribution of the burillational people. The place remove contribution of the ond Mental Inspirate products only interview of other froundition or orked on them. If shadows any interview of other frounditions.		gave rise to cause (a), st underlying co		DUE TO,	OR AS A CONSI	EQUENCE OF	RES	1121	TORY	INF		
order, 200 cm to plant to plan	NOIL	0	1224	PIN.	ATTOR	YIN	NOT RELATED TO THE TE	ENC	Y-79	200	922	EAILUA
AL RECO	CERTIFICATION  CERTIF					HICH OPERATIC	N WAS PERFORMED	YES 🔼	NO	CERTIFYING (	CAUSES	OF DEATH?
OF VIII		21a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DE	ATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCC	URRED (ENTER	NATURE OF INJURY IN I	TEM 18 PART 1 OF	(PART 2)	
WISION C PHYS offer this ter this s the bu	MEDICAL	WHILE NO AT WORK	URRED		E OF INJURY STREET, FACTORY, OF	FEICE, FARM, ETC.)	211 LOCATION STREET		CITY OF TOWN	((	DUNTY	STATE
TTENDIN pitol or TTOR: Aft for use o of Health		22a.1 certify that (1) (this haspital) attended the diceosed from									ram the	ho (d) (ve) last auses stated
TAL OR A y the host AL DIREC detached one Dept (T. if been	<	TH STONATURE	ere-	m	062	in			L STAFF R PHYSICIAN		DATE S	OPET
HOSFIT Could be to the Stranger		DR. JAM	S M. F				CUMBERLAND,					
000000	23a.	BURIAL, CREMATIC	ON, REMOVAL	23b. DATE		23c NAME OF	EMETERY OR CREMATOR	Y 23d LO	CATION	Mal		1 3.57

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR

Burial |7/22/87 Kalbaugh

Elk GArden

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

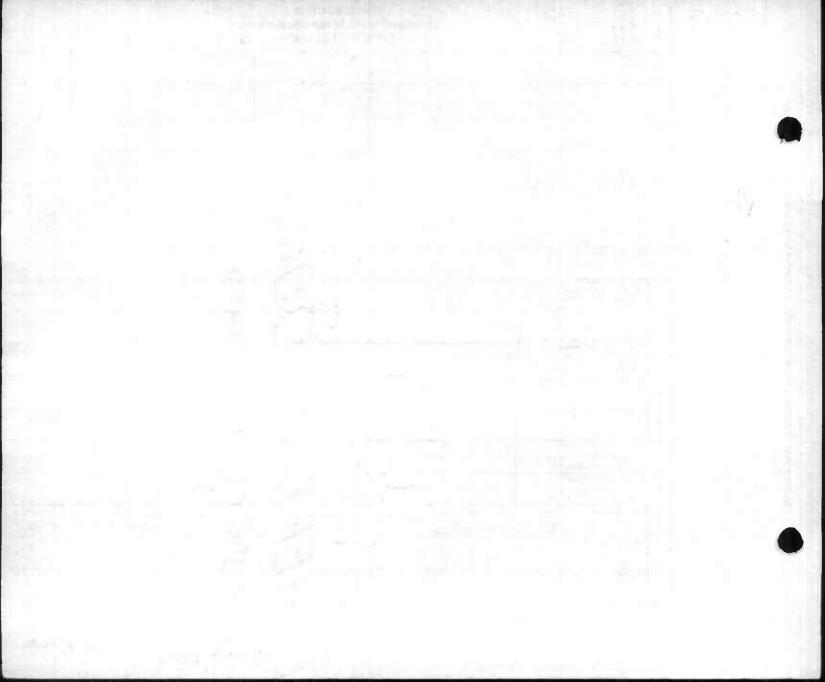
D.A. Burdock Bx.523 Kitzmiller, Md.

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059915	1	FOR STATE 7 RÉGISTRAR		TMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE / REG. N	8	5 9 2
e m£	I. DE	CEASED NAME FIRST	WIDDIE	ı	AST	2a, DATE OF DEATH	MONTH ADAY	YEAR 26 HOUR
r, page 3	2.05	TERRANC	E ALAN	SNYDE		ЛП		
4 0 5	3. SE	^ MALE	WHITE	5 DATE C MONTH JANU		6 AGE (IN YEARS LAST BI		INDER 1 YEAR F UNDER 24 HRS THS DAYS HOURS MIN
funeral di thin 72 hou	7a. B	IRTHPLACE ISTATE OR FOREIGN OUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY  USA	MARRIEI WIDOWE	Mever married	9 BALTIMORE CITY ALLEGANY	OR COUNTY OF	<b>DEATH</b> MD.
is after death. Page by the funeral direct Med within 72 hours of	0	ITY OR TOWN OF DEATH CUMBERLAND	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE RFD# 2 WILLIA	ET ADDRESS)		12a. USUAL OCCUPA (TYPE OF WORK FOR MOST	TION OF WORKING LIFE)	176. KIND OF BUSINESS OR INDUSTRY
10/11/35	13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN MARYLAND ALLI	OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRESS		ROAD 21502
complete y	14. F/	ATHER'S NAME JÖSEPH LO	ADDIE LAST	SR	15. MOTHER'S MAIDEN NAME FIRST			TTE
cote be executed wysicion and comple opers. Pages I and you.  11, the medical examint, the medical examints.	16a. \	WAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIVE		CURITY NO.	17 INFORMANT SHIRLEY SNYDE	APP!	MBERLANI	O MD 21502
- O W D		18. CAUSE OF DEATH (Enter on	ly one couse per liverior (a), (b),	<u> </u>	SITIOLI SIVIDI	ALD Z BU	A 4 )4 W	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
evel evel		PART I. DEATH WAS CAUSEI IMMEDIAT	E CAUSE (o)	- el	auce.	The state of the s	~	
that the death d by the attendi ease remove co al, cremation, o ir other troumat		Canditions, if any, which gave rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQ  (b)  DUE TO, OR AS A CONSEQ  (c)  ONDITIONS CONTRIBUTING TO	UENCE OF	NOT BELATED TO THE TERM	INAL DISTAST OF CO.	NDITION CIVEN	AL DADY L
on be	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHIC			20g AUTOPSY?	20b. IF YES, W	ERE FINDINGS USED
i. The lossicion.	RTIF	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		12. How hill by occupa	YES NO	YES [	ON D
SICIAN of physical physical-tro	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURE	CED (ENTER NATURE OF INJ	URY IN HEM 18, PART	OR PART 2)
0 0 0 0 -	MED	21d. INJURY OCCURRED  WHILE NOT WINE AT WICHE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	21f. LOCATION STREET	CHY OR C	D Jum	COUNTY STATE
TTEN pitol TOR of He		sow the deceased of vir on above, (f) (Ne) (did) kild not	oli attended the account from	9		death occurred on the c	date and hour on	d from the couses stated
TAL OR A yy the host RAL DIREC detached tote Dept.		27% SHENNATURE	m da	w	ATTENDING PHYSICIAN	MEDICAL STA		224. DATE/SIGNED
TO HOSPITAL retained by t TO FUNERAL should be det with the Store MPORTANT:		DR GUY W.	FISCUS		220 ADDRESS CUMBER MEMORIAL HOSP	LAND MARYL	AND AL BLIZDI	NG
De Tes	23a. [	BURIAL, CREMATION, REMOVAL		NAME OF C	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COL	INTY STATE
DIAMIL 17 (04: 1-70	24 5	BURTAL	JULY 8 1987 H	ILLCRE	ST BURIAL PARI			ANY MD.
DHMH-16 60M 1/73 (VR A 15 (4))		NAME	ADDRESS		250. DA	L 08 007	guta Di	Hand Handell
	_	SILCOX-MERRITT	FUNERAL HOME CU	MBERLA	ND MARYLAND	1001	<u> </u>	

DHMH-16 60M 1/73 (VR A 15 (4))



## STATE OF MARYLAND

4	118 STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	8 /	8 5 9 3
-	I. DECEASED NAME FIRST	MIDDE	CA	LAST	REG. NO.	10 110011
		guerite	Ε. Ορο	ingier	01	12 81 12 13
	3. SEX	4. RACE	5. DATE	OF BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
_	Female	White	Apr		8.6	YRS.
2	. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY?	ED NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
	Pennsylvania	U.S.A.	WIDOV	_	Allegany	N
0	10. CITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORL	126, KIND OF BUSINESS O
E	Frostburg			Nursing Home	Hoemamker	Home
31	USUAL RESIDENCE (IF NURSING HOME 130 STATE 13b. CO		RESIDENCE BEFORE ADMISSION	1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	CODE
in a	Maryland All		umberland	YES 🔽 NO 🗌	713 Fairmon	
n	14. FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME	11 11 11 11 11 11 11 11 11 11 11 11 11
ř.	Charles		Fisher	Mvrtle	WIDDLE	Moodmanaari
	16a. WAS DECEASED EVER IN U.S.	ARMED FORCES? 166	SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	Woodmancey 94 Old Stage
		GIVE WAR OR DATES)	13 03 0505	0 121111		74 Old Stage
ì	No		13-92-9595	IC. William S	pangter Fi	rederick MD 21701  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU: IMMEDI	SED BY: ATE CAUSE (o)	Carchia -	- nostrictus	Failure	BETWEEN ONSET AND DEATH
	Configuration of the second	DUE TO, OR AS	A CONSEQUENCE OF	anemie		several to
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS	A CONSEQUENCE OF	de ha abd	animal good	maths
		( (c)	mirecuen	Oror o Borzet	77-0-0-0-0	1010
		a De Scass	RIBUTING TO DEATH BL	TO THE TERM	AMALDISEASE OR CONDITIO	N GIVEN IN PART TO
7	7 Meta Aut 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION	N FOR WHICH OPERATI	ON WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES \( \text{NO} \)
9	210. ACCIDENT WAS UNDERLYING	21b. TIME OF IN	JURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	
		ZEAIT	MONTH DAY YEAR	?		
P	OR CONTRIBUTING TO CAUSE OF E	P.M. 21e. PLACE OF II	19	21f LOCATION		
	WHILE NOT WHILE AT WORK		ACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	22a. I certify that (I) (this has sow the deceased alive a	718	198-7	ond that in lmy) (our) opinion	deoth occurred on the dote on	19.87, that (I) (we) lo
	obove, (I) (we) (did) (did	not) view the body ofte	r deoth.	DEGREE		22c. DATE SIGNED
		St fon	adhu	ATTENDING .	MEDICAL STAFF DIRECTOR   PHYSICIAN [	1-1,-157
8	22d. PHYSICIAN'S NAME (TYP	E OR PRINT)		22e ADDRESS		
-	S. Sandhir,	M.D.		Frostburg,	Maryland 21	532
Ī	23a BURIAL, CREMATION, REMOVA		23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION	
	Burial	7-18-87	Hillor	est Burial Par	k Cumberland-A	Allegany-Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other traus

George-Upchurch Funeral Home, P.A. 202 Greene Street-Cumberland, Maryland 21502

250. DATE REC'D BYREGISTRAR 256 REGISTRAR'S SIGNATURE

Duridson- Landaes

DIVISIC	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	VD 21201	
O HOSPITAL OR ATTENDING PHYSICIAN, The lo	O HOSPITAL OR ATTENDING PHYSICIAM. The law requires that the death of inficate be executed within 24 hours after death estained by the hospital an attending physician	24 haurs after deat	#
TO FUNERAL DIRECTOR After the should be detached for use on the twith the State Dept of Presidents	TO FUNERAL DIRECTOR After this certificate has brent upon by the attending chapteran and completely filled in by the funeral should be detached for use as the burnal transit premit. This places remove corbon matter Pages 1 and 2 should be filled within 72 with the State Dept of treath and Mental Higgers prior to burnal, cremation, or removal.	illed in by the funero uld be filed within 72	- Z

>		113-	FOR SCARPELLI FU	NERAL HOME DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG	IENE 7 1	8 5 9	-
91	55		REGISTRAR FIRST OR PRINT)  OR PRINT)  JOSEF	MIDDLE		AST	REG. NO.  20 DATE OF DEATH MONTH  JULY 3,1987	DAY YEAR	25. HOUR 9:25A M
ge 4 moy	urs offer deal	3 SEX	male	white	5 DATE C	07-21-1941	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
å .	of 27 hou	C	WV	B CITIZEN OF WHAT COUN	WIDOWE		9 BALTIMORE CITY OR COUN		MD.
rs after death by the funeral	filed with		Cumberland	1. NAME OF HOSPITAL, NO.	RT HOSPI		17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK MANAGET	ING HEEL INDUSTRY	station
n 24 hau filled in	onld be	13a. S	MD 136 COUNT	other institution give residence ty gany 136 City or Cumb	town erland	136 INSIDE CITY LIMITS? YES MO [	13. STREET ADDRESS / ZIP 514 Mars	cope nall Stree	et/21502
ted withi	1 Marine 022			Timbrook	ī		irginia Spence:	r LAS	ST
be execu	Poges e medica		VAS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN)  1965	WAR OR DATES!	SECURITY NO. 8-1931	Vickie Spend	cer, Cumberlan		
of Contract	removal.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	DV	A cute	my ocarlis	Fifati	APPROX BETWEEN	(MATE INTERVAL ONSET AND DEATH
hot the death of the by the offending	ase remave carb al, cremation, or r other traumatic		isan						
saunba	Then plants of military, o	NO O	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	NGIVEN IN PART 11	0
he low	t permit	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	/HICH OPERATIO	N WAS PERFORMED		IF YES, WERE FIND II CERTIFYING CAUSES YES [	
g physic	mattram mem 18 x		210, ACCIDENT WAS UNDERLYING	HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	EM 18 PART   OR PART 2)	
offendir	s the bu	MEDICAL	216 INJURY OCCURRED  WHILE WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY O	OFFICE FARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTENDI spital er	for use of Health		22a.1 certify that (I) (this hospital saw the deceased alive on above, (I) (we) (did) (did not			d that in (my) (our) opinion	, to death occurred on the date on		that (I) (we) last couses stated
y the ho	detached ate Dept		226 SIGNATURE	47-5	> .		MEDICAL STAFF DIRECTOR PHYSICIAN [		SIGNED
HOSPIT tained by	should be determined by the State		JESUS TA			FROSTBURG, M	D. 21532		
BP_	- v s ≤ [		Burial, cremation, removal Burial	23b. DATE 07-06-1987		emetery or crematory Vn Memorial Pa		Allegany	STATE
	16 60M 7/84 \ 15, 4)	24. FU	JAMES F. Scarpe	lli, Cumberla	nd, MD 2	4 1 1 1	E REC'D. BY REGISTRAR 256 R	EGISTRAR'S SIGNAT	

STATE OF MARYLAND

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61268 JUL3	0 8	REGISTRAR FROS			21532		ICATE OF	DEATH	0 /	REG.				
. ~4		CEASED NAME OR PRINT)	ERALD		F.		AKEM		20 DATE C			O.C	YEAR	26. HOUR
d you	1 SE			RACE	Г.	5. DATE C			6 AGE IN				1987	3:35P M
t ahe t	a SL	Male	[	Whi	te	Dec		1935	51		YR	MONT	THS DAYS	HOURS MIN.
2 10/	70 BI	RTHPLACE (STATE OR FO	REIGN 7		WHAT COUNTRY?	8		MARRIED -	9 BALTIM	ORE CITY			DEATH	
# 16 2		Maryland		U.S		WIDOWE	D 0	NORCED (X			GANY			MD.
10	, is	ty or town of deat			HOSPITAL, NURSIN ICH FACILITY, GIVE STREET CRED HEAR			STITUTION	TYPE OF WO	OCCUPA RK FOR MOS Ldge	ATION STOFWORKIN	aly	IZE KIND C INDUSTRY ST G	OV. T
., BALTIMORE, MARYLAND 2120 factor be executed within 24 housely superior and completely filled in property Pages 1 and 2 should be filled and 2 should be factored.	13a S	AL RESIDENCE LIF NURSIN			13c. CITY OR TOW	N	13d INSIDE	CITY LIMITS?	13. STREET 110	ADDRES	s/zipo	ope	y. 2	1532
7 2 1 1		ATHER'S NAME FIRST	dib ale ale	IDDIE	LAST	WI S		'S MAIDEN NA		MIDDLE			IAS	
MAR 3 and 1/2/	/	John	T	IDDLE	Stakem		M	erst ery	M	[.	1	Win		
ORE,		VAS DECEASED EVER IN	( IF YES, GIVE "	WAR OR DATES			17 INFORM				DRESS			
# pt #/		Yas	1951	1958	214342	056	Step	hanie	Stake	m, i	Ster.	lin	g, V	a.
BAL cote pape avail.		18 CAUSE OF DEATH PART I. DEATH WA	S CAUSED	BY.	HEPATIC	wer!	AILU	Q E					BETWEEN	MATE INTERVAL ONSET AND DEATH
LST.		1/	MMEDIATE	CAUSE (o)			7120	RE				$\neg$		
STOR		Conditions, if any,	which	DUE TO, (	LIVER	NCE OF	RHOS	25						
PRe or the or th		gove rise to imme	ediote	DUE TO	OR AS A CONSEQUI				•					
thot thot edge of coll.		underlying couse	fost	(c)_	CHRONI	C.	ALCOK	OL AB	345E					
NG PHYSICIAN The low requires that the death certs of the other certs of the burief to a second of the order	z	PART 2 OTHER SIGNI			ONTRIBUTING TO I	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEA	SE OR CO	NOITION	GIVEN	IN PART 1	0
ow range.	ATIO	19a DATE OF OPERATION	ON		DITION FOR WHICH	OPERATIO	N W AS PERF	ORMED	20a AUT	OPSY?	20b. 4F	YES, W	ERE FINDIN	NGS USED
he lo. non.	CERTIFICATION								YES 🗌	NOX		RTIFYIN YES		OF DEATH?
NOF VITAL RE SICIAN The lo ng physicion. certificate has ring-fronsis per empt Hygmass literal 8 shaws.	CER	210 ACCIDENT WAS UNDER			OF INJURY	AY YEAR	21c. HOW I	NJURY OCCUR	RED (ENTERN	NATURE OF IT	NJURY IN ITEM	A 18 PART	ORPART 2)	
ON OF V	CAL	(IF EITHER NOTIFY MEDICA	L EXAMINER)		P.M.	19								
PHYSIC trending r this cer the buriq and Meni	MEDICAL	21d INJURY OCCURRE			E OF INJURY TREET, FACTORY, OFFICE F	ARM ETC )	21f. LOCAT			CITY OF	RIOWN		COUNTY	STATE
DIV or office os to other or		AT WORK AT WORK		(i. v. 1.1.	0 1	JUL	10	10 97		ULV	126		07	40 - 40 (000) 1-4
of of the		220 I certify that (I) (I sow the deceased	d olive on	JULY 0	26 19_	01-	nd that in (m)	(our) opinion		1		hour or	nd from the	couses stated
OR AT OR AT DIRECT DORECT Dopt of		obove, (1) (we) (die 22b. SIGNATURE	d) (did not)	view the bod	ly ofter death.	,	DEGREE						22c. DATE	SIGNED
		2	3 -(	Kar	10	M.	0	ATTENDING PHYSICIAN	MEDICAL	R PHY	TAFF SICIAN [	}	7/0	27/87
HOSPITAL med by th FUNERAL uld be den the Stote		22d. PHYSICIAN'S NAM			1.5		22e ADDRE		DI 474	E00	CTDU	20	100	1570
TO HOSPITA reformed by TO FUNERA should be de with the Stot		CHANG, S						STBURG			SIBUN	(6, 1	MD 2	1532
	230	BURIAL, CREMATION, RI		236. DATE				CREMATORY		TY OR TOWN		477	OUNTY	MATATE
BP	24 F	Buria UNERAL DIRECTOR	1	July	29187 St	Jo	seph	Cemete	TE REC'D BY	REGISTR	AR 25b REG	GISTRAF	egan R'S SIGNAT	TURE
DHMH - 16 60M 7/84 (VRA 15, 4)		Durst Fu	ກຸດກວົ	Home	ADDRESS Prost	hure	. Md.	JUL	29	1987	Julia	Deor	dur. Ra	ndasso
	_	July 30 Fu	CAUL CO.	to shall be a		12 Apr (1)					-			

14 KETI , M. J. J. J. 1938 J. 1818

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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201

DHMH - 17 (VR A15 ME (5)) 15M 7/76

202 Greene Street-Cumberland, MD 21502

# FOR STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	I I A I WALL AND A PARTY OF I		11101010100
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

2	63		(1)	100
	23		4	6
REG. N	10.	100		- 12

(TYP	CRASED NAME PE OR PRINT) ANN	ABELLE		MIDDLE	TAYLOR		20. DATE KNOWN OF ESTI- DEATH MATED	-	DAY YEAR V 117-8	26. HOUR
3. SEX			DATE OF BIRTH	YEAR LAST BIRTHDAY)		IF UNDER 24 H		MONTH	DAY YEAR	2d. HOUR
81	emale WI	nite 7		1912 75 YRS.	MARRIED   NEV	VER MARRIED [	9. BALTIMORE CI	_		8:45 M
10. CI	lest Virgi	nia EATH		SPITAL, NURSING HOME, C ACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUT		X Allega USUAL OCCUPATION FOR MOST OF WORKING LIFE)	(TYPE OF WORK	126 KIND OF B OR INDUS	
	umberland AL RESIDENCE (IF IN N			berty Street	- Apt. #	301   5	Sales Rep.		Avon	
13a. S	TATE	136 COUNTY		13c. CITY OR TOWN	13d. INSIDE (I'		STREET ADDRESS	at #:	201 / 2	1500
	aryland ATHER'S NAME FIRST		WIDDLE	Cumberland	15. MOTHE	R'S MAIDEN N	O N. Liber		LAST	1502
16a. V	WAS DECEASED EVE		Orge ED FORCES? AR OR DATES)	Joseph		arbara		RESS 144 W		
-	IB. CAUSE OF DEA PART I DEATH	WAS CAUSED!	BY: CAUSE (0)	288-22-4861 e for (o), (b), ond (c).) YOCARDIAL   J			or, Jr C	umberla	APPROXIMA BETWEEN ONS	TE INTERVAL
	Conditions, if gove rise to cause (o) static lying cause las	immediate	(b)	R AS A CONSEQUENCE OF						
Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1.									
CERTIFICATION	190. DATE OF OPE	RATION	196. COND	ITION FOR WHICH OPERAT	ION WAS PERFOR	MED?			20. AUTOPSY	(? NO <b>X</b> )
CAL CERT	210 EXTERNAL CA	OR		M. MONTH DAY YEAR	21c. HOW INJURY	OCCURRED (EF	NTER NATURE OF INJURY IN ITE	EM 18 PART 1 OR PAR	RT 2)	
MEDICAL	21d. INJURY OCCU WHILE NO AT WORK AT	RRED T WHILE D		OF INJURY (AT HOME, CTORY, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	cou	INTY	STATE
	22a. I certify that death resulted from		2-/	Accident , Suici	Autopsy ,	Inspection	Inquiry	ond in my op	inion	
7	ACTUAL SIGNATURE			atracy				DATE SIGNE	7/17	187
4	EXAMINER'S NAM	Giova	nni_Mast	rangelo, M.D	ADDRESS S	000 Seto	n Drive-Cu	mberlan	d, MD	21502
230.B	BURIAL, CREMATION		2-20-87				CITY OR TOWN	777000		STATE
24. F	Burial FUNERAL DIRECTOR	George-	Upchurcl	Sunset Me	e, P.A.	25a. DATE REC'I	umberland- 22 1987	RIGISTRARSS	SINATURE	

60896	JUL 28 87 - FOR STATE	DEPARTMENT

### TATE OF MARYLAND OF HEALTH AND MENTAL HYGIENE

01	REGISTRAR			DEI ARTI	CERTII	FICATE OF DEATH	8 7 R	EG. NO. 8	5	1
	CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEA		DAY YEAR	7b. HOUR
		BERT	W	ILLIAM	T	THOMAS	JULY 18	. 1987		6:00A M
1, 56	x		4 RACE			OF BIRTH	6. AGE (IN YEARS		IF UNDER 1 YEAR	IF UNDER 24 HRS
_1	Male		Cau		Sep.		71	YRS.	AONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR COUNTRY)	FOREIGN	76. CITIZEN OF U.S	what Country?	8 MARRIE WIDOW	ED NEVER MARRIED	9 BALTIMORE C	ny	OF DEATH ME	
C	ITY OR TOWN OF DEA	1	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET MEMORIAL HOSPIT		ADDRESS)		17a USUAL OCC (TYPE OF WORK FOR Retired	MOST OF WORKING LIFE	E) INDUSTRY	of BUSINESS OR
13a.	AL RESIDENCE (IF NURS STATE	136. COUI Mine	VTY	13t. CITY OR TOW Keyser		136 INSIDE CITY LIMITS? YES 🕅 NO 🗌	130 STREET ADDI	RESS / ZIP CODE Piedmont	Street	26/26
14. F	William		Wade	Thoma	as	15 MOTHER'S MAIDEN NA FIRST Mary	MIC	Jane	Ca	alhoun
- (	WAS DECEASED EVER YES, NO OR UNKNOWN) PCS		MED FORCES?	166 SOCIAL SECU 217-10-5		17 INFORMANT Frances Thoma		· Piedmo	nt St I	26726 Keyser, WV
	Conditions, if any, gover rise to improve the to improve out of the course of the cour	which mediate g the lost	DUE TO, O	Prince Prince Biege	nes webs	cay Inf	arctro oxibo			MATE POTEVAL CHIEF AND DEATH
NO	PART 2. OTHER SIGN	PLU	al F	alle	LE ,	FOLLE TERM	MALDISEASE OR	Celle	Sus .	0:
CERTIFICATION	190 DATE OF OPERA		19b. COND	ndition for which operation w			YES NO	IN CERTIF		
MEDICAL CE	21g. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DE	P.	m. month da m.	AY YEAR		RED (ENTER NATURE	OF INJURY IN ITEM 18 P.	ART I OR PART 2)	
MED	216 INJURY OCCUR	OLE	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC )	21f. LOCATION STREET	CIT	YORTOWN	COUNTY	STATE
	276.1 certify that (1)	ed alive on		19	. 0	nd that in (my) (aur) apinian  DEGREE  ATTENDING		the date and have		causes stated

PHYSICIAN ( DIRECTOR PHYSICIAN | MINOR LAL HOSPITAL MEDICAL BUILDING

CUMBERLAND, MARYLAND 21502

236 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 236. D

23¢ NAME OF CEMETERY OR CREMATORY

736. LOCATION
CITY OF TOWN
Keyser

Mineral STATE

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the

(VRA 15, 4)

Craig Rotruck 85 S Main St Keyser, WV

July

Potomac Mem Gardens Keyser Mineral

756. DATE REC'D. BY REGISTRAN 756. REGISTRAN'S SIGNATURE

PO.

STATE OF MARYLAND		STATE	OF	MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 5 9 8

-1		. 4 8				REG. NO.		
		CEASED NAME FIF	RST A	7 /	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR	
ł	3. SEX	<u> </u>	A RACE	Darwley	UTN b L J	6 AGE (IN YEARS LAST BIRTHDAY)	1 IF UNDER 1 YEAR OF UNDER 24 HRS	
		Male	White	Mart	h 18,1909	78 <sub>YE</sub>	MONTHS DAYS HOURS MIN.	
-	7a. BIF	RTHPLACE (STATE OR FOREK		WHAT COUNTRY? 8	DE NEVER MARRIED	9 BALTIMORE CITY OR COU		
			USA	WIDOWE	DIVORCED	Allegany	MD.	
	F	rostburg	Frost	OUT BOVE TELLES E		ome of Kerry of Spr	126. KIND OF BUSINESS OR	
	139/4	Q <sub>TE</sub>	Megany	GIVE RESIDENCE BEFORE ADMISSION) 11.6H. ACOMING	13d Inside City Limits? YES NOX	13e.STREET ADDRESS / ZIP C	Street Main	
		illiam	MIDDLE Turi	nbulÏ	Jane Jane	AME	Darnley	
	160 W	VAS DECEASED EVER IN LESS NO OR UNKNOWN)	J.S. ARMED FORCES? YES GIVE WAR OR DATES)	214-05-8786	17. INFORMANT Fay Turnb	address ull,114 W. Ma	Lonaconing ain St., Md.21539	
		PART I. DEATH WAS	nter only one couse per CAUSED BY: AEDIATE CAUSE (0)	line for (0), (b), and ic.	nia		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  WEEK	
			3 years.					
		Conditions, if ony, who gove rise to immedia couse (0), stating underlying couse to						
	NO	PART 2. OTHER SIGNIFIC	GIVEN IN PART 100					
	CERTIFICATION	190. DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO		
		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL E	E OF DEATH HOUR A.	M. MONTH DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART   ORPART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME, STR	OF INJURY  EET, FACTORY, OFFICE, FARM, ETC.)  A	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
		220.1 certify that (1) (this saw the deceased a above, (1) (we) (did)	s hospital) attended the live on (did not) view the body	7 70 19 87 , or		to July 20 and death occurred on the date and		
1		27b. SIGNATURE	mare	Delin		MEDICAL STAFF	7-21-87	
		Thina	1. J. D	eulin MD.	220 ADDRESS 55 Juc		nuconing, MM 21539	
	(	urial, cremation, rem SPEBURIAL	7-23-1	37 Frostbi	irg Mem Par		Allegany Mdstate	
	EL	chaorn McK onaconing,	Maria 153	geralpmeHome	250. DA	JL 23 1987 Juli	a Devision.	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

History to the party of the control of the control

JUL 17 187 FOR STATE REGIST

### STATE OF MARYLAND DEPAR

RETAIL OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	7	REG. NO.	8	5	9	
		NEO. MO.				

	-	, REGISTRAR			REG. NO.	**					
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH D	PAY YEAR 25 HOUR					
deo de		NELLIE	FRANCES	WAGONER	JULY 11 1987	12:30PM					
ofter de	3. SE	<	4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS					
ecto irs of		female	white	10-15-18							
2 hou		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY?	CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY							
ain 7		WV	USA	WIDOWED DIVORCE	ED □   Allegany	MD.					
the fune d within J	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET		LTYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY					
		mberland	Memorial Hospi		housewife.	own home					
should be filed		TATE 1 136 COUN	other institution give residence before NTY 13c. CITY OR TOW NETAL Fort A	N 1134 INSIDE CITY LIM	/0 /= 3	99999					
xxolud 2 sh	14. EA	THER'S NAME PIRST Nimrod	P. Wagoner	15. MOTHER'S MAID FIRST	Sallie F. Glaze	LAST					
oges l		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECU	IRITY NO. 17. INFORMANT	ADDRESS						
Post	L '	no no naknown) (irres, giv	236-68-	4726 Mrs. Doro	thy E. Wagoner - Fort	t Ashby, WV					
yol.		18 CAUSE OF DEATH (Enter an	oly one cause per line far (o), (b), an	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
ermo			TE CAUSE (a) Candu	pulmoraing 6	nest	emmedeil					
afic afic			DUE TO, OR AS A CONSEOU	ENCE OF							
		Conditions, if any, which	( 16) mal	egrant Plus	a offeren.	meth					
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF	//						
		underlying cause last.	(c) Ca 1	hear		year					
3.0	2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
0 2	OF.	19a DATE OF OPERATION	THE CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF YES,	, WERE FINDINGS USED					
9	CERTIFICATION	TYL DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFY	/ING CAUSES OF DEATH?					
16		21g. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	ART I OR PART 2)								
1 6 1	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		COUNTY STATE					
p 9	₹	AT WORK NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC ) STREET	CITY OR TOWN	COOKIT					
al di			tal) ottended the deceased fram_		\$7, to 7-11	19 2 , that (I) (we) last					
7 5		saw the deceased olive on	7-(1 Liview the bady after death.	ond that in (my) (aur) o	apinion death occurred an the date and haur	and fram the causes stated					
0.2		22b. SIGNATURE	1	DEGREE		22c. DATE SIGNED					
letoc ate D T: If		a Bollow	La domn	- To ATTENT	DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN	7-11-57					
AN		22d. PHYSICIAN'S NAME (TYPE O			nia Avenue						
with the State		Dr. William Lan	nm		nd, Maryland 21502						
ohs W		urial, Cremation, removal	23b. DATE 23c. I	NAME OF CEMETERY OR CREMA	ATORY 23d LOCATION						
		SPECIFY) Burial	07-14-1987 Fc	rt Ashby Cemete	ery Fort Ashby Mi	neral WV					
6.60M 7/84	24 FI	INERAL DIRECTOR			25a. DATE REC'D. BY REGISTRAR 256 REGIST	PRESSIGNATURE ALL					
15/4)		James F. Scar	pelli, Cumberlan	d. MD 21502	ANT 19 FOI Ame	m. Korney 3					
All and a second			,								

Mill 1 271 June Hambe in 3 . 1

	1			1.	FOR STATE		DEPAI	RTMENT OF H	E OF MARYLAND EALTH AND MENT		NEQ 7	1	8	6 1		
6	13	49.	JUL 3	0 8	REGISTRAR			CERTIF	ICATE OF DEAT	TH	REG.	NO.		9	3	
	eq.	page 3	1.5		EASED NAME FIRST	ROBERT	WALTE		WARD		JULY 28	MONTH 1	987	YEAR	26. HOUR 3:44	A
	moy	. 2		3. SEX		4 RACE		5. DATE (		YEAR 6	AGE (IN YEARS LAST	BIRTHDAY)	MONTHS		HOURS MIN	
	oge 4	urs of			ALE	WHI		ATTG		207	79		RS			
	4	2 ho	2	C	THPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTR	MARRIE	NEVER MARR	RIED "	BALTIMORE CITY					
1	deot	h	9_		MARYLAND Y OR TOWN OF DEATH	U.S.	A.	WIDOW	DIVORC		ALLEGAN 20 USUAL OCCUPA					AD.
201	rs ofter	1 Ped #	notine	CT	IMBERLAND	SACRE	D HEAR	T HO'S		ION	TIRE BU		R K	ELLY	SPRI	NG.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	24	filled for	S S	13a S	RYLAND ALL	COTHER INSTITUTION	13c. CITY OR TO	NWC	134 INSIDE CITY LI		3e STREET ADDRES	S / ZIP C		21	542	
RYL/	orth:	S sh	17 / Mile	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAT	IDEN NAME	MIDDLE		-	LAST		
MA	ed v		7	Ī	VILLIAM		WARD		EMMA	A				EAL		
ORE,	n ve	Social Co	medicol		'AS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	MID	LAND, 19	DE251	542			
TIM	o o	TS. Po	E /		NO N.	A.	213-01	-8853	MRS. RC	DBERT	W. WAR	D.P.	0.BO			_
BAL	cate	hysica coper coah	event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse pe ED BY.	er line 30/101, (b)	ond it	len E 1	160	. Pleu	1	Mu	BETWEEN OF	NATE INTERVAL NSET AND DEATH	
ST.	- Figure 1				IMMEDIA	TE CAUSE (0)	Hear	7		ias m	a para	7 9	1300	~		-
0	ath	e car	traumatic		Cday 45 11.1	DUE TO,	OR AS A CONSE	DUNNE OF	EMIA	L		/				
PRES	e de	e att	tran		Conditions, if any, which gave rise to immediate	b)_		101	-,,,,,	1-						_
₹	that th	by th sse re l, crer	other		couse 101, stating the underlying couse last	DUE TO,	DR ASTA SONS	DUENCE OF	Serere 1	450	CVD.					
, 201	es ±	D = 0	ō		PART 2 OFFIR SIGNIFICANT	CONDICIONS	ONTRIBUTING 1	O DEATH BUT	OT RELATED TO T	THE TERMIN	IAL DISEASE OR CO	NOITION	GIVEN IN	PART 10	1. 1.	1
RDS	in be		injury,	ON	Cance	frost	rff.	- 1	fluoch I	Cho		when	u -/	arcid;	14 /10	huj
ECO	30	O E	y ony	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHI	CH OPERATIO	N WAS PERFORMED	D	200 AUTOPSY?		F YES, WER ERTIFYING			14
AL B	The	e ho	Item 18 shows	RTIF							YES NO		YES		NO 🗆	19
FVI	NAN	certificate h urial-transit Nental Hygie	200		21a ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DE	110110	OF INJURY A.M. MONTH	DAY YEAR	21c HOW INJURY	CCCURRE	D (ENTER ATURE OF I	VJURY IN ITE	M 18 PART I O	RPART 2)		/
O		s certific burial-tr Mental	Fer	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		P.M. OF INJURY	19	211 LOCATION							_
ISIO		the b	o p	MEC	WHILE NOT WHILE		TREET FACTORY, OFF	CE, FARM, ETC.)	STREET		CITA OF	TOWN	C	YTAUO	STATE	
2	ONG F	Afte os os olth	is marked		AT WORK	Tests entre de de	1		7/14	. 87	7	28	10.3	7	h - 4 (h ( ) - 1 l-	
	TEN TO	0 5 -	_	2	220.1 certify that (I) (this hasp saw the deceased alive a	n	1101	23	nd that in (my) (our)	) opinion de	oth occurred on the	date one	hour and	/	hot (I) (we) lo ouses stated	ST
	ATI >	RECT ed fo	ea 2		obove, (I) (we) (did) (did n 22b. SIGNATURE	ot view the bod	wetter death.		DEGREE			HE CO. 1	T	22r DATE &	IGNED /	_
	the A	to Die	± ±		-	///	li.		MATTEN PHYS		MEDICAL S DIRECTOR PHY	TAFF	1	7/	27/85	7
	HOSPITAL	FUNERAL	Z-	'	228 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	SICIAN LA	DIRECTOR   FIII	31CIAI4		4	11	-
	O HOSI		POR		√.RUALFEL]	PA, ME			925 BT	SHOP	WALSH 1	PTV	F. CI	UMBE	RLAND	. MD
	OT 0597	583	≤ —		URIAL, CREMATION, REMOVA	Z3b DATE	2	31 NAME OF	EMETERY OR CREM		23d. LOCATION	- 1 Y	cou		STATE	== 10
	В	P	_	( )	SPECIFY)	7/30	/87	ST. JO	SEPH S	CEM.	MIDLAT	ID.	ALLE		MD	
	DHM	H - 16 60M	7/B4	4	Thulou Ynx	Lowers	60 Win	, MAIN	ST.		3 0 1987					4
		(VRA 15, 4)		30	WERS FUNERA	HOME	FROS	TBURG		JUL	30 1987	J	ma più	weeks.	Energy and	1

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

Female  White  May 17, 1905  82  YRS.  TO BIRTHPLACE (STATE OR FOREGON TO COUNTRY)  MARRIED XNEVER MARRIED   9 BALTIMORE CITY OR COUNTRY ON COUNTRY)  MARRIED XNEVER MARRIED   9 BALTIMORE CITY OR COUNTRY ON COUNTRY ON MONOCED   120. USUAL OCCUPATION (IF NOT IN SUCH FACRITY, GIVE STREET ADDRESS)  Cumberland  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) (IF NOT IN SUCH FACRITY, GIVE STREET ADDRESS)  Maryland Allegany  I.S. CATTE   13b. COUNTY   13c. CITY OR TOWN   13d. IN SIDE CITY LIMITS?   13c. STREET ADDRESS. ZIP COGES   13b. COUNTRY   13c. CITY OR TOWN   13d. IN SIDE CITY LIMITS?   13c. STREET ADDRESS. ZIP COGES   15b. MOTHER'S MADE   15c. M	8 5 0 1
S. DATE OF BIRTH   Nay   17   1905   8   AGE   INVERSISAS ISBRITHON   82   FR.	26 1100K g
Female	., 1987 06:45g
17. BIRTHPLACE (STATE OR POREGON ON MATTY)   18. CHIZEN OF WHAT COUNTRY?   19. MARRIED   19. MARRIED   17. MARRI	UNDER LYEAR IF UNDER 24 HRS
Cumberland  USUAL RESIDENCE (IF NUISANG HOME ON OTHER INSTITUTION) GIVE RESIDENCE REFORM AND ON OTHER INSTITUTION, GIVE RESIDENCE REFORM AND OTHER INSTITUTION, GIVE INFORMATION, GIVE INFORMATION, GIVE REFORM AND OTHER INSTITUTION, GIN	
13c. CITY OR TOWN   13c. CITY LIMITS?   13e. STREET ADDRESS. ZIP. CODE   13c. TITY LIMITS?   13e. TIT	12b. KIND OF BUSINESS OR INDUSTRY Home
Shuck   Shuc	2, 21532
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN CONTRIBUTING OR CONTRIBUTION OR CONTRIB	11 LAST
PART I. DEATH WAS CAUSE BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse (a), stoting the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITION FOR THE TERMINAL DISEASE OR CONDITION GIVEN  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITION FOR THE TERMINAL DISEASE OR CONDITION GIVEN  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITION GIVEN  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITION GIVEN  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITION GIVEN  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITION GIVEN  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITION GIVEN  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITION GIVEN  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICA	13B  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILE NOTIFY WHILE AT WORK  22e. I certify that If (this haspital) attended the deceased from	N IN PART Ita
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINED)  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)  220.1 certify that If (this haspital) attended the deceased fram	WERE FINDINGS USED NG CAUSES OF DEATH? NO
220.1 certify that Wath haspital) attended the deceased from 7/5, 19.87, to 7/31, 19	T I OR PART 2)  COUNTY STATE
	that (1) (we) lost
obove, (I) (we) (did) (did nat) view the bady after debth.  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	22c. DATE SIGNED
22d PHYSICIAL'S NAME (IVPE ORPRINI) Dr. Snider  22e ADDRESS Memorial Hospital Medic. Cumberland, MD 21502	al Building
236. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY)  Burial Aug. 2, 1987 Eckhart Cometory (SECHIART, A)  236. LOCATION (SPECIFY)  236. LOCATION (S	И

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has be should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene pries IMPORTANT: If them 21 is marked or them 18 shows any

TO HOSPITAL OR ATTENDING

BP.

Dust Funeral Hoe, Frostburg, Md.

1987 Julia Dendor Kalen AUG 5

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Homestaker Oun Rome				
Nt. 1, Box 152, 21532	En la	Prostoury	Mileguir	a. Lyra.
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tuon, Same as 130	eW muilling Wa			072

remain your, a. sun. Inkuna

Ist Poneral begines tours, id.

99 DHAH-18 6018 1.78

Burial 7/20/87 Sts. Peter & John J Hafer LaVale Md. 21502

23b. DATE

Amado P. Torres, M.D.

22d PHYSICIAN'S NAME (TYPE OR PRINT)

23a BURIAL, CREMATION, REMOVAL

23d. LOCATION COUNTY ST. Allegany M.

DATE REC D. BY REGISTRAN BURGISTRANS SIGNATURE

STAFF

ATTENDING

PHYSICIAN

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

MEDICAL

DIRECTOR | PHYSICIAN |

Memorial Med. Bldg. Cumberland, MD 21502

or other troumotic event, the

MPORTANT, If Hem 21 is morked or Hem 18

DHMH - 16 60M 7/84

(VRA 15, 4)

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I director, page 3 hours ofter death

## STATE OF MARYLAND

8	O	6	11	
REG. NO.	O	0	0	

30	) bi	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 / REG. NO	18	60	3		
/		CEASED NAME FIRST	S NM		LEE.	20. DATE OF DEATH	MONTH DAY		2b. HOUR 1:00pm		
	3. SEX 4 RACE				OF BIRTH	6 AGE (IN YEARS LAST BIR	-		IF UNDER 24 HRS		
1		Male	Whi	te Augus		6.4	HOURS MIN.				
1		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WE	IAT COUNTRY?		9 BALTIMORE CITY OR COUNTY OF DEATH					
5		est Virginia	U.S.		ED DIVORCED D	A	llegany	7	MD.		
1	)0. C	TY OR TOWN OF DEATH  Cumberland	(IF NOT IN SUCH F	SPITAL, NURSING HOME ( ACULTY, GIVE STREET ADDRESS)  Memorial Hos	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF COMMON TO THE OF WORK FOR MOST COMMON TO THE PROPERTY OF THE PROPERTY	ON OF WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR		
-	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GR	E RESIDENCE BEFORE ADMISSION)		Sextor		Ceme	tery		
5	Ma			Cumberland	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	_	. 21	502		
1	14. FA	James	MIDDLE	Wolfe	15 MOTHER'S MAIDEN NAM	WE		LAST			
-		WAS DECEASED EVER IN U.S. AR		b. SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	Cook			
	Ý	YES, NO OR UNKNOWN) (IF YES, GIT	II	213-24-6033	Shirley Wol	fe s	ame as	s 13a-			
	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost  PART 2. OTHER SIGNIFICANT	DUE TO, OR A	SACQUENCE OF A VON CO	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110			
9	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH OPERATIO	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [	VERE FINDING NG CAUSES C	GS USED OF DEATH?			
9		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M.		21c. HOW INJURY OCCURR						
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY . FACTORY, OFFICE, FARM ETC )	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE		
	1	22a.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did) (contact)		190	nd that in (my) (our) opinion o	, to deoth occurred on the do	te and hour or	nd Irom the co			
,		226. SIGNATURE	- pe	2	ATTENDING PHYSICIAN	MEDICAL STAI	F IAN []	22c. DATES	IGNED 3/87		
		22d. PHYSICIAN'S NAME (TYPE (	Dr. Z	Zaman	22e. ADDRESS Memor Cumbe	ial Hospita rland, MD 2	1 Medic 1502	al Bui	.lding		
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	7/25/8	7 Baldwi	n Cemetery	23d LOCATION CHYORTOWN Moorefi	-	COUNTY	Vest VA		
	24 FI	UNERAL DIRECTOR Leasun	re-Stein	Funeral H	lome, Inc. JAT	e rec'd. by registrar L 29 1987	1.1 2	R'S SIGNATU	RE		

59450 J	] .	FOR STATE" REGISTRAR	DEPART	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 / REG. NO	. 8	o 0 -		
y be ge 3 leath		CEASED NAME FIRST WIL	LIAM L.	ZE	MBOWER	JULY 3, 198 4:25 A				
ge 4 may be ector, page 3 is offer death	3. SE	MALE	White	5. DATE (		6 AGE (IN YEARS LAST BIRT	HDAY) IF UN		DER 24 HRS	
3		RTHPLACE (STATE OR FOREIGN EQUINTRY) MD	76 CITIZEN OF WHAT COUNTRY?	WIDOW		9 BALTIMORE CITY O Alle		DEATH	MD.	
150	CU	MBERLAND	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET MEMORIAL HOSF	ADDRESS)		120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF THE SAL	WORKING LIFE)	th KIND OF BUS NDUSTRY Tire Co		
fiffed in thould be must be	130.5 MA	RYLAND AL	DR OTHER INSTITUTION, GIVE RESIDENCE BEFOR JNTY 134. CITY OR TOW ELLEGANY Ellers.	/N	YESX NO	13e.STREET ADDRESS / None	ZIP CODE 2152	9		
ompletely ompletely land is		THER'S NAME William	P. Zembov		Nellie	MIDDLE		Leasur	e(	
on and c		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C NO	IVE WAR OR DATES!		William B.	ADDRE Zembower				
th certificate pring physic corben pape c. or temporal natic event, it			only one couse per line for (o), (b), on SED BY:  ATE CAUSE (o) Cara'ur  DUE TO, OR AS A CONSEOU	me	of Ruly	with b	mi	APPROXIMATE IN BETWEEN ONSET	ND DEATH	
the after common of the day		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF		I ( ) Van	~			
equires n signed Then pla r to burs injury, a	NO O	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	OITION GIVEN I	N PART 110		
he low on the low of t	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	DN WAS PERFORMED	200 AUTOPSY? YES NO Y	20b. IF YES, WE IN CERTIFYING YES	RE FINDINGS U G CAUSES OF DE NO	SED EATH?	
ACIAN: 1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	EATH HOUR A.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)		
ortending the flow as the burned An prived og	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM ETC )	211 LOCATION STREET	CITY OR TO	vn	COUNTY	STATE	
ATTENDS upital ac CTOR A for yier of Healt		sow the deceased alive of obove (1) (we) (did) (did)	pital) attended the deceased from 19 19 1001 view the body after death.	8)	nd that in (my) (our) apinion o	deoth occurred on the do		from the couses		
TALOR  yy the ho  RALDIES  defuches  total Dep		22b. SIGNATURE			DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F	7 - 3 -		
O HOSPITA TO FUNERA THE STORT THE ST	L	DR. ROBUSTI	ANO BARRERA			VENUE CUMI	BERLANI	D MD		
BP		BURIAL, CREMATION, REMOVA SPECIFY) Burial			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN  P. Cumbe		Allega:	STATE DV MD	
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR	ght Cumberland		25a. DATI	REC'D, BY REGISTRAR	Sb. REGISTRAR	SSIGNATURE	,	

Allegany THE PARTY OF THE P esets come 2 2000 2000 William F. Memberer Mollie (Lonsoret 214-05-7461 william B. Europe or Eleratio, 100

Burtal Jul.6, 1987 Hilldrest Burtal F. Cumberland Allegany in